

Doctors' wives at higher risk than spouses?

Suicide, addiction dangers

By Betty Lou Lee

HAMILTON — Now that increased addiction and suicide risks among doctors are being brought out of the closet, some evidence is starting to accumulate that the wives of doctors may be at even higher risk.

Figures from England and Wales compiled by a McMaster

University suicide researcher show that doctors' wives aged 15 to 64 have 4.5 times the suicide rate of wives of comparable professionals.

There is also an indication they may have an increased risk of dying of cirrhosis of the liver, although numbers were too small for definite conclusions.

Isaac Sakinofsky, professor of

psychiatry at McMaster and director of a special unit for attempted suicides at St Joseph's Hospital, compiled the data during a sabbatical at the Institute of Psychiatry at the University of London. He has also reviewed the scientific literature on increased risks among doctors' wives and women physicians.

Statistics on married women

physicians weren't available in the United Kingdom. "It's a ridiculous thing, but death certificates classify them by their husbands' occupations." He found a suicide rate among single women doctors that was 2.5 times that of single women in the general population, but no cirrhosis deaths recorded.

Dr Sakinofsky said in an interview that depression, drug and alcohol abuse, and suicide are "very highly linked."

The few studies of doctors wives admitted to hospital for such problems show "they often come in after a suicide attempt that follows abuse of drugs and/or alcohol."

"They are depressed, angry, and hostile, their husbands are immersed in their work, and their emotional needs are not met."

Like alcoholic doctors, they may also delay seeking help from professionals because of the embarrassment of going to someone they know socially, or of letting a

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High-tech criminals turn to licit drugs

By Harvey McConnell

WASHINGTON — Vast sums of money to be made from illicit sales of prescription drugs have promoted a sharp increase in criminal violence and precision-planned thefts in the United States.

"Script doctors" are also becoming more sophisticated in setting up phony operations so they can dole out prescriptions and make fortunes.

These are some of the problems faced by the United States Drug Enforcement Administration (DEA) as outlined by Peter Bensinger, director, and Gene Haislip, also of the agency, at the National Conference on Prescription Drug Misuse, Abuse and Diversion.

Until 1979 the DEA concentrated on surveying manufacturing and distribution of controlled substances to ensure they weren't diverted to illicit channels. Emphasis has now shifted to targeted investigation of unscrupulous doctors

and pharmacists.

Mr Haislip said there has been a great increase in violence used in armed robberies of pharmacies and doctors' offices and in sophistication of techniques.

"Quite recently a very sophisticated attempt was made against a large pharmaceutical manufacturer. Every burglar alarm in the plant had been tapped into," Mr Haislip said.

"This was a planned paramilitary operation which could have resulted in the theft of a tremendous amount of Dilaudid, and which would have flooded the market, where it is sold at \$50 to \$60 a tablet."

Criminals also controlled a clinic in a Midwestern city where DEA agents seized \$148,000 — one week's proceeds. The clinic operated seven days a week, 24 hours a day, and "patients" often stretched in a line around the corner to get it.

Some of the "patients" even bribed armed guards at the door to

get to the front of the line, Mr Haislip added. "Such things exist, and they are not rare, and they are not a small part of the problem."

Mr Bensinger said: "Some 300 million dosage units of drugs are illegally diverted each year by just two per cent of the practitioner population."



Peter Bensinger: DEA is shifting its attention to investigating script doctors and pharmacists.

One doctor was found to have an annual income of \$200,000 a month from his illegal activities, and another doctor ordered one million doses of a particular controlled substance.

Other script doctors had as much as a million dollars in cash stashed either in office drawers or in safety deposit boxes.

Mr Bensinger said states should be encouraged to pass laws which would allow the seizure of assets of those convicted of such trafficking. This money could then be used by the states to build up enforcement and prevention programs.

Mr Haislip pointed out the DEA has a "grand total of 220 investigators around the country who are concerned principally with the problems of diversion."

Twenty states have inaugurated drug investigation units in cooperation with the DEA to deal with the problems of diversion of licit drugs and this has worked well.

Such units are vital because most communities in the US don't have a DEA agent, and most local police departments are not equipped to deal with diversion investigations.

Dr David Smith, of the Haight-Ashbury Free Clinic, San Francisco, told the conference he testified recently for the prosecution on a sophisticated operation in a Western state.

"These script doctors operated under the guise of a 'stress clinic.' Clients came in and took valid tests for stress, except that when they gave a wrong answer the 'counsellor' corrected it."

"The answers to the tests always came out such that the doctor present would write out a prescription for \$100, even though 'patients' had none of the medical testing needed to determine their condition."

"It was an elaborate script doctor operation under the veneer of respectability."

Aid money misses the roots of native drinking

By Manfred Jager

WINNIPEG — Unless there's a break in the vicious circle of low education and its resultant poverty, coupled with cheap, readily available liquor, Kenora-Keewatin natives will continue to stagger under alcoholism problems as bad as or worse than current levels, says the executive director of Kenora Rainy River District Health Council.

Bob Muir said no amount of money poured into the region by the Ontario and federal governments to treat alcohol abuse can hope to get at the root causes, even

though the community now enjoys the heaviest input of provincial funds of any comparable region in Ontario — \$1.8 million a year. The money is distributed to 15 alcoholism treatment agencies and 32 so-called generic agencies which treat alcoholism as well as the social effects of all substance abuse.

Eighty-six per cent of the 8,054 admissions tabulated during a recent survey of alcohol treatment cases involved members of the native community, Mr Muir said, with average ages between 30 and 39, compared to an average 40 to 49 age range for all clients, non natives included.

Mr Muir said 20% of all cases involved people younger than 15, "and they still amounted to 92 admissions to treatment. About three-quarters were natives."

"We know that a great number of people were coming in three times or more during the survey period."

Mr Muir said surveyors noted a larger-than-average percentage of women coming into treatment, with 29% of clients identifying themselves as housewives.

At year end, results of the year-long study of alcohol treatment

services in the Kenora area had found the system to be "inefficient and to some extent ineffective" and in need of change.

The executive director said the study found facilities receive government funding without formal communication among them to reduce unnecessary duplication of services.

The study found "there is no coordinated formal assessment, referral, or follow-up in the system."

As well, it said most alcohol treatment agencies rely on short-term counselling, which has been labelled "usually ineffective."

Mr Muir said these problems "are symptomatic of a system that isn't too well coordinated."

Yet, "there probably isn't another community of the size of Kenora that beats Kenora in terms of the amount of money spent on alcoholism treatment services," he said.

The study, conducted by the district health council and the Addiction Research Foundation, cost about \$12,000.

Mr Muir said he found the discovery that 92 cases involved clients younger than 15 shocking. "These are children."

A working group of agency and Treaty Three Indian representatives has been established to find ways of providing greater con-

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'Med schools must cover alcoholism'

WASHINGTON — Public action must be taken to force medical schools to include courses on alcoholism and drug abuse because all professional efforts for change have failed.

Joseph Skom, chairman of the ad hoc committee on dangerous drugs of the American Medical Association (AMA), said his organization "for 15 years has petitioned (US) medical schools to provide the time for alcoholism and drug abuse (training) and we have been unsuccessful."

"The only success has come about through the career teachers in the sense it has been an infiltration into the schools of people who are interested in doing this."

Dr Skom told the National Conference on Prescription Drug Misuse, Abuse and Diversion that the only way now "is for public pressure and public demands to make medical schools respond. They certainly have not been responsive to attempts by organized medicine or by specialty groups."

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NEWS

Briefly...

BONN — West Germany's strict drinking and driving law automatically strips drivers of their licences if they are found to have more than 0.08% blood alcohol level. The law, coupled with a police crackdown on drunken driving, has prompted auto-loving Germans to leave their cars in favor of transportation by taxis after revelry. The West German Automobile Club claims that in 1980 more than 143,905 people had their licences taken away for the minimum of three months.

NEW YORK — Officials at the Bronx Community College say the in-campus drug problem is no longer severe. Five guards have been indicted as sellers of cocaine and pills and face life sentences if convicted. Now the college has increased its supervision over the guards, largely through a former police officer who replaced a college administrator as director of security.

LAKE HAVASU CITY, Ariz — A California lawyer who survived a murder attempt by members of Synanon, the discredited drug and alcohol rehabilitation group, has told more than 1,500 residents of this Colorado River community to beware of business dealings in the area by Synanon interests. Paul Morantz said enforcements of zoning laws would be more effective than an outright ban on the group, which, he said, would cause a "holy war."

NEW YORK — A 46.2-pound cache of heroin hidden in heavy furniture imported from Italy was seized by United States federal drug enforcement agents here late last year — the largest seizure in New York City in five years. In 1975, 165 pounds of the drug were found in another furniture shipment. A spokesman for the federal Drug Enforcement Administration said the recent seizure would put a "dent" in street availability of heroin "for a considerable period of time."

CHICAGO — Researchers here say that, on average, lung cancer patients who quit smoking may survive longer than those who continue. Of 112 lung cancer patients, those who continued smoking survived two-and-a-half years or less, while some of those who quit had as many as four years problem-free.

LONDON — The British Minister of Transport, Norman Fowler, has launched a £1.75 million advertising campaign on the perils of combining drinking and driving, pedal cycle safety, and the advisability of wearing seat belts. He said: "Drinking and driving is the largest single cause of road accidents and one in two young car drivers killed on the roads last year was above the legal limit (of blood alcohol)."

Raised drinking age lowers accidents

ANN ARBOR, MI — Raising the legal drinking age in Michigan from 18 to 21 years has resulted in a significant reduction in alcohol-related automobile accidents among 18- to 20-year-old drivers.

There has also been a reduction in crashes among 16- and 17-year-old drivers, according to a study by Alexander Wagenaar and Richard Douglass of the University of Michigan highway research institute.

Michigan reduced the legal drinking age to 18 in 1972; in following years, several inves-

tigators reported significant increases in alcohol-related crashes among young drivers; and in January 1979, the legal drinking age was raised to 21.

Crashes

Messrs Wagenaar and Douglass in their study took a random sample of all reported crashes in the state from 1972 through 1979. They used a number of measurements, including subjective reports by police that drivers had

been drinking, and analysis of late night, single car accidents involving male drivers.

They have found that alcohol-related crashes were up slightly for drivers in the 21- to 24-year-old and the 25- to 45-year-old groups.

However, they found among 18- to 20-year-old people "the frequency of police-reported 'had been drinking' crash involvement was 30.7% lower in 1979 than one would have expected had there been no change in the drinking age."

The frequency of late night,

single car crashes by male drivers in the 18- to 20-year-old age group was down by 17.7%.

Police reported that "had been drinking" crashes by 16- to 17-year-old drivers dropped by 7.4%, and late night, single car crashes by male drivers dropped by 14.7%.

The report concluded that raising the drinking age in Michigan to 21 years has had a significant effect in reducing crashes among 18- to 20-year-old drivers, and has also affected 16- to 17-year-old drivers, although not as dramatically.

'Ads denigrate women, elderly'

WASHINGTON — Prescription drug abuse in the United States is rooted in a growing acceptance of drugs by all segments of society, believes Representative Lester Wolff.



Wolff. AMA prescription guidelines plan encouraging.

"We have been misled into believing that pills will cure virtually all physiological and psychological ills," said Rep Wolff, outgoing chairman of the House of Representatives select committee on narcotic abuse and control, which has held several hearings over the years into the problem.

He told the National Conference on Prescription Drug Misuse, Abuse and Diversion that the elderly are often depicted as fraught with ills, and women as fraught with anxieties.

"Professional publications attempt to convince physicians that the 'special needs' of these populations require more chemotherapy. This over-characterization not only deni-

grates women and the elderly, but it is often hazardous to their health."

Many factors contribute to prescription drug abuse, but the spotlight must rest on the medical profession. Doctors must become better informed about the effects of the drugs they are prescribing.

One encouraging move, Rep Wolff said, is the plan by the American Medical Association to issue prescription guidelines to doctors.

Another sign of the changing times is the recent campaign launched by the Virginia based Drugfair chain (*The Journal*, Oct. 1980), in cooperation with the National Institute on Drug Abuse, to inform parents about drug

abuse.

"It is testimony to what can be accomplished when concerned citizens and their government decide to act in a concerted manner and wage war on drug abuse," Rep Wolff continued.

He said that while the pharmacist has greater knowledge about drugs than the prescriber, the major responsibility for controlling misuse and diversion must rest with individual doctors.

NIDA will hit scripts

Scripts 'worth weight in platinum'

States ban preprinted Rx blanks

WASHINGTON — Several methods are being tested in a number of states to keep doctors' prescription blanks from being stolen and used to purchase licit drugs.

Sidney Cohen, of the University of California at Los Angeles, told the National Conference on Prescription Drug Misuse, Abuse and Diversion here: "I feel there is too little respect for prescription blanks because they are worth their weight in platinum for those who want to get hold of mind altering drugs."

"I have seen them openly in doctors' waiting rooms, hospital nursing stations, and in doctors' homes, where they are used to take telephone messages. These blanks

should be protected as much as the drugs themselves.

"Why don't we doctors do something positive about changing our attitudes towards the prescription blank?"

Delegates to the conference noted some states have banned use of blanks preprinted with a doctor's name and given to him or her by various companies.

In Rhode Island since 1979, all prescription blanks have been personalized and distributed by the state. In the past year, only 0.3% have been found to have been diverted.

In South Carolina, anyone except a doctor or pharmacist found with blank prescriptions is subject to a two-year jail sentence. This has

reduced prescription blank misuse considerably, although it has not eliminated it.

In many hospital nursing stations now, prescription blanks are available to any doctor but, stamped across the blanks in red letters are the words: "Not to be used for scheduled substances."

Some states have instituted a triple prescription blank when a doctor prescribes a scheduled drug. One copy is kept by the doctor, one by the patient, and the third is sent to state health officials.

Many doctors find this sheer weight of paperwork prods them into prescribing another drug, reducing the amount of prescriptions for scheduled drugs.

State control enters the system

'We can tighten up on manufacturers'

WASHINGTON — Pharmaceutical companies manufacturing controlled drugs must realize they are "in a new ball game" now that states are assuming responsibility for drug abuse prevention and treatment.

This was the warning made by Thomas Kirkpatrick, chairman of the Illinois Dangerous Drug Commission, at the National Conference on Prescription Drug Misuse, Abuse and Diversion here.

Mr Kirkpatrick said directors of single state agencies are the major force in tightening state controls "because we have to start from the wreckage of the drug problem and move back to the source. There is agreement in our field that abuse

and dependency on prescription drugs is our most severe problem, and this requires us to use what tools are available to do something about that problem."

He said while states cannot loosen any of the federal controls on dangerous drugs, they can make state control stricter than federal regulations.

Mr Kirkpatrick said: "It may come as a shock to the manufacturers who have been dealing with (Federal) regulatory agencies for years, as far as the administration of controlled substances is concerned, to see a new set of interests being represented."

States asserting their responsibility for dealing with drug abuse prevention and treatment "are now looking at it from the drug dependency standpoint, and not the industry standpoint."

Mr Kirkpatrick said this lesson can prove costly. A not particu-

larly cooperative manufacturer of a controlled substance has had the drug rescheduled in Illinois with tighter controls on prescribing than federal ones.

This rescheduling has meant the company has lost millions of dollars in potential sales and paid hundreds of thousands of dollars in legal fees.

Mr Kirkpatrick: "I am not saying to the industry: 'Look out, here we come.' But I am saying they must understand our motivation." It is now "a new ball game" and "there is a new player in the system."

It is through the state directors and the National Association of State Alcohol and Drug Abuse Directors (NASAD) that states are being encouraged to assume more responsibility. "There needs to be in the centre someone in charge and pulling things together. We are moving in to fill that gap."

WASHINGTON — An estimated seven million-plus Americans misuse and abuse prescription drugs, an insidious phenomenon which shows no signs of decreasing, says William Pollin, director of the National Institute on Drug Abuse (NIDA).

Dr Pollin said: "The problem is not only serious; some think it may become one of the most serious drug abuse problems in the United States."

At the same time, he told the National Conference on Prescription Drug Misuse, Abuse and Diversion, determined efforts by federal and state governments can achieve substantial results. State governments have it within their powers to monitor and regulate the sale of licit drugs, as Maryland, Wisconsin, and Utah have shown.

Dr Pollin said NIDA in past years has put little emphasis on prescription drugs "and the bulk of our attention has been activities targeted at preventing the use of illicit drugs by vulnerable populations, and in encouraging community and parent activities." This is going to change.

He added: "In the future we intend to devote considerably more of our efforts to this problem." The institute will work closely with state abuse prevention coordinators "in bringing NIDA's resources to bear on the struggle."

Dr Pollin said he believes "the task is not insuperable and with a determined effort we can achieve substantial results."



Pollin: "Drug industry must understand our motivation."

'Public becoming jaded over govt warnings'

Alcohol content yes, liquor warning labels no

By Harvey McConnell

WASHINGTON — A major information campaign about health problems associated with alcohol should be launched by the United States government and beverage industry. But this should not in-

clude warning labels on bottles.

These are the major conclusions in a joint report by the US department of the treasury and department of health and human services, in answer to the question posed by Congress as to whether warning labels should be required

by law on all alcoholic beverages.

The report says although both departments consider alcohol-related problems an extremely significant public health problem, "it is not clear at this time that the risks associated with alcoholic beverages could be effectively communicated through labelling.

"A difficulty stems from the fact it has not been established that moderate alcohol consumption is hazardous for most alcohol consumers. Therefore, unlike cigarettes, it might not be convincing to the general public to state 'alcohol may be hazardous to your health'."

Caution

At the same time, the report says, public awareness and understanding would be enhanced if alcohol content were consistently and clearly indicated on all domestic and imported alcoholic beverages. This could be expressed as percent of alcohol by volume.

The report reviews the latest research on the health hazards associated with alcohol and makes a number of recommendations on informing the public about the possible health consequences of too much alcohol.

A number of communication experts advised the departments "the public is becoming jaded over government warnings." In this case warning labels should be used with caution.

In addition, warning that alcohol is dangerous to health does not convey new information to most of the public.

The report says five major problems were selected for special study with reference to warning labels: the fetal alcohol syndrome (FAS); alcoholism; major medical consequences; accidental death and injury; and alcohol drug interactions. All had their drawbacks.

In the case of FAS, for example, the report says the idea of a warning label was turned down largely because the pregnant woman is already bombarded with warnings about cigarette smoking, alcohol consumption, caffeine ingestion, and inadequate diet. This could overwhelm the woman and her

family with "don'ts" so that many could become fatalistic and continue to exercise bad habits.

Although no known safe level of alcohol has been determined for pregnant women, "we cannot prove conclusively that moderate or intermittent consumption has long term harmful effects."

The report notes that if FAS is singled out for a label, many consumers might discount the importance of other health hazards. The report makes several recommendations about informing the public about health hazards. These include:

- Government, industry, and private organizations should develop and conduct a broad-based, diverse, and highly visible public information campaign on alcohol related health problems. The combined campaign should be built on a common strategy.
- Industry, in consultation with the government, should develop an effective slogan and/or logo, or a family of related slogans or logos, to lend identity to the campaign. Beverage producers should voluntarily use the slogan and/or logo in their advertising.
- Current efforts to inform and educate the public regarding major alcohol-related health hazards should be carried out by both the treasury and health departments.
- The department of education, voluntary groups, state agencies, and industry groups should work with the department of health concerning alcohol information programs.
- A public information program aimed at women who are pregnant or plan to become pregnant will be devised by the department of health with advice on how to protect the health of their children.
- The treasury department, while recognizing the important efforts that some segments of the alcohol beverage industry have taken to control advertising, will encourage industry members to review the impact of their advertising on alcohol-related health hazards and consider revising their voluntary codes of advertising. The question of whether Congress should place additional restrictions on alcohol beverage ad-

vertising should continue to be considered.

The report says many doctors are unaware of the recent research findings about the five major health hazards discussed in the report.

"The lack of current information was particularly troublesome respecting fetal alcohol effects."

The report recommends the surgeon general issue an advisory on the major health problems associated with alcohol; states will be encouraged by the department of health to require professionals seeking licences and recertification to demonstrate their knowledge of alcohol-related health hazards, and the department of health will make greater efforts to see that information about the health consequences of alcohol is included in the curricula of professional education for doctors, nurses, pharmacists, and social workers.

In addition, the food and drug administration will intensify its efforts to review and update prescriptions and over-the-counter drug labelling to inform both the medical profession and patients about the potential effects of alcohol and drug interactions.

Airlines smoking rules examined

WASHINGTON — The United States Civil Aeronautics Board cannot agree to impose stricter smoking bans on airlines and has passed the buck to the carriers.

The board has considered several options, ranging from an outright ban on smoking on small airplanes and on short flights, to establishment of clear buffer zones within planes.

Airline operators have been advised to come up with their own ideas and to present them to the board for approval. The board has also said it will hold hearings in 1981 on ideas represented from any quarter.

Under current regulations an airline must provide a seat in a nonsmoking section for any passenger requesting one. This applies even if the nonsmoking section has to be expanded.

Nine states use this one

WARNING

USING THIS PRODUCT:

Too fast may cause sickness or death;
May impair driving ability;
May create dependence or addiction; and
During pregnancy may harm the unborn.

LEGAL AGE REQUIRED FOR PURCHASE

While the United States Congress is being advised to reject the idea of warning labels on liquor bottles, a leaflet prepared by the American Council on Alcohol Problems (ACAP) and bearing the above warning is being distributed in the thousands in the states of Washington, Iowa, Alabama, North Carolina, Ohio, Nebraska, Pennsylvania, New Hampshire, and Oregon. Schools, state liquor stores, churches, and concerned citizens are helping with the task of distribution, says William N. Plymat, executive director of ACAP.

Lithium appears useful in cyclical drug use

HAMILTON — Lithium carbonate, a drug usually used for manic depression, has shown "possibilities" in treating an unusual pattern of cyclical drug abuse by adolescents.

The young people, often the children of parents whose severe mood swings were stabilized with lithium, go through drug-taking episodes in which they range from marijuana to heroin in a short time, take the latter daily, then, after about four months, stop all drug use. They appear to suffer no withdrawal symptoms and remain drug-free for about six months. Then they go through another four-month involvement with drugs.

Paul Grof of Hamilton Psychiatric Hospital and the McMaster psychiatry faculty says he has treated about 30 adolescents for

cycles of drug abuse, truancy, school failure, and lithium seems to stabilize them. He stresses, however, that his observations are anecdotal, and no controlled study has been conducted.

Dr Grof, who has 15 years' experience with extensive lithium research both here and in Czechoslovakia, notes his observations are in line with scattered reports noting successful use of lithium in a wide range of cyclical or episodic conditions, including epilepsy, hyperthyroidism, and duodenal ulcer.

He speculates the drug may be stabilizing episodic dysfunctions of the central nervous system. "It may correct a biochemical imbalance, and an energy imbalance that affects electrical activity."

He was taking part in the Psychiatry '80 Symposium held at McMaster.

'Don't be so hard on RCMP, Mr Howell'

By
Wayne
Howell



About one month ago I wrote an imaginary letter about a real incident. Much to my surprise, I received this imaginary response:

Dear Mr Howell:

I trust this letter will clear up the serious misconceptions you appear to have re the case of one David Langille. The facts of the matter are quite simple: David Langille, a 23-year-old native of Ottawa, was approached by an RCMP undercover agent. The undercover agent asked Langille to supply him with cannabis and Langille sold him \$215 worth of hashish. For this he was charged with trafficking, tried in open court, and convicted.

I gather from your letter that you feel our agent pursued Mr Langille with 'excessive zeal' because it took 14 telephone calls and eight contacts before Langille consented to supply our agent with this small amount of an illegal drug. (In-

cidentally, Mr Howell, I did not find amusing your flippant remark that if the Devil had tempted Our Lord eight times instead of three times when he was wandering in the desert, he too might have yielded to temptation.)

Let me put this matter into perspective for you. One of our agents once solicited Mme R.J. Cartonguay (wife of Senator Cartonguay) 37 times but that lady was able to resist the urge to provide our agent with an illegal drug. And on another occasion, one of our agents approached Mr D.B. Twyne-Brooking (Commodore of the Navy, retired) 43 times but that gentleman did not see this as an opportunity to join the criminal underworld.

I could go on and on, but I think the point has been made. There are people of sound moral character and then there are people like this Langille chap. Would you want a person like that walking by a school yard where your young child was at play; a dozen or so requests for cannabis from the youngster and Langille would be likely to lead him into a world of vice. Enough said.

I resent your implication that the RCMP was "out to get" David Langille because he happened to be the president of the Ottawa chapter of the National Organi-

zation for the Reform of Marijuana Laws. Look at the facts. Our first approach to Mr Langille was on August 31, 1979. We never approached him again until January 15, 1980. Now it is true that the second solicitation took place just five days after Mr Langille had played a prominent role at a well-publicized NORML/Civil Liberties Association benefit concert where he was nominated as a candidate in the federal election. And it is true that the other 12 solicitations that lead up to the successful "bust" followed closely thereafter. But that is just one of the coincidents of life Mr. Howell. Only a person prone to paranoia would see a cause and effect relationship in that.

Good heavens, Mr Howell, life is full of coincidences. For instance, it is well known that tightly packed hay in the lofts of barns can sometimes spontaneously ignite — would you blame such a barn fire on an RCMP officer just because he happened to be seen in the neighborhood at the time? I could cite other examples, but I think the point has been made.

In conclusion, your point about Mr Langille not making any money on this \$215 transaction is completely irrelevant Mr Howell. Langille was begged,

solicited, implored, entreated, beseeched, adjured, and importuned, and his eventual response was to perform a criminal act. For that he must pay the consequences. As I see it, the only untoward episode in the whole case occurred at the trial when the judge gave him a suspended sentence instead of the jail term he so richly deserved because the judge felt, "everything was loaded against the accused in view of the absence of the doctrine of entrapment in our principles of law." Fortunately Langille's employer took his civic duty more seriously than did the judge and fired the wretch a few days after the trial.

I hope this letter has cleared the air, Mr Howell, and you are now in a position to see that the RCMP's handling of the Langille case is no cause for alarm. But if you still harbor some negative feelings towards the RCMP, might I suggest that you attend a performance of our Musical Ride. This is a fine spectacle of scarlet-coated men on prancing black horses; I am sure that it will re-engender in you the natural pride that all Canadians have in our national police force.

The Superintendent
RCMP Ottawa

NEWS

West wants heroin talks with Golden Crescent

By Thomas Land

GENEVA — The European Community and North America are cautiously seeking to re-establish some form of cooperation with

Iran and Afghanistan aimed at restricting the flood of illegal heroin traffic plaguing the Western world. They are making their joint approach to the opium producing

countries of the Golden Crescent through the Arabian Gulf states whose law enforcement authorities, who are also concerned about increasing drug abuse, have just established a permanent structure of cooperation with their Western counterparts. The Gulf lies on the southern edge of a major, illegal, Westward trade route used by the big crime syndicates in their export of opiates from the Crescent region which comprises Iran and Afghanistan as well as Pakistan.

the Middle East. Many fear the resulting trend of large drug seizures, drastically lowered street prices, and correspondingly growing numbers of addicts in Western Europe and in North America, may well intensify. The sheer volume of the problem has forced the Organization for Economic Cooperation and Development (OECD) to become involved in the search for a solution. It is now engaged in studies on linking development aid programs with crop substitution in the supplying countries. The Gulf states have now created the conditions for a Western approach to the Crescent countries. Their initiative springs from a United Nations move last year seeking permanent cooperation for the first time between the customs and anti-narcotics agencies of Western Europe and the Middle East. (The joint venture is modeled on a similar collaborative effort involving law enforcement authorities of Western Europe and Southeast Asia; it has resulted in the dismantling of an important network of traffickers operating between Singapore and several big European cities.)



community and North America. They are taking a carefully non political approach to practical cooperation against drug trafficking. They are likely to meet quarterly. At their first meeting in Kuwait, they decided to open a dialogue with "responsible representatives" of the supplying countries. This could lead to renewed practical cooperation. A spokesman for the UN Division of Narcotic Drugs, which has made the joint approach possible, despite all the political odds, emphasizes that any cooperation by the Gulf countries as well as their Western friends with the opium producers of the Crescent would be strictly non-political. The initial meetings, he says, "should have a practical bias and address the best means of developing mutual assistance to overcome the sources of the traffic as well as the traffic itself."

Pharmacists' 'timidity' promotes misuse/abuse

WASHINGTON — Most prescription drug abusers start out as inadvertent misusers because doctors are too busy to give patients advice and pharmacists are too timid to say anything. "Timidity. This is the challenge to our association and we are telling our members to get rid of their timidity," said Lowell Anderson, a pharmacist in Arden Hills, New Jersey, and a member of the board of the pharmacists' group, the American Pharmaceutical Association. Mr Anderson told the National Conference on Prescription Drug Misuse, Abuse and Diversion here his association is a voluntary membership organization and cannot force policy on its members. He added: "We are telling our members they have the ability to counsel patients in the proper use of drugs, and should not assume that the doctor did it. Just because a doctor has authorized a refill for sleeping pills, for example, and that makes it legal — that still does not make it right. "We tell them that if they think a patient has a drug problem they should tell a member of the family and not wait for the patient to have a spontaneous revelation." Association members are told not to cater to timidity "by cowering behind their spatula, their counting tray, and regulations." The pharmacist must have help from the professions and from the government if he or she is to relinquish his timidity and establish a public role in the use and misuse of drugs by patients. Mr Anderson said cooperation must extend to community cooperation. "Almost every time there is a major drug bust there is a jump in pharmacy breakins and thefts." Police should provide extra coverage of pharmacies. Pharmacists must have help from the professions and from the government if they are to relinquish their timidity and establish a public role in the use and misuse of drugs by patients.

Deaths

The trade has made a violent impact on the Gulf countries — which until recently experienced no significant drug smuggling. But the effect of the trade is felt most painfully in the prosperous cities of the European Community where heroin-deaths are now believed to outnumber those in North America. Until fairly recently, the hard-pressed national law enforcement agencies of the Crescent countries enjoyed the support of resident Western narcotics specialists in their common fight against the drug syndicates. But cooperation with the West was among the first casualties of the Islamic Revolution and subsequent great power tensions leading to the present political turmoil in the supplying countries. This, in turn, has led to relative freedom of action for the drug syndicates in troubled regions of

Non political

Backed by several influential regional organizations, such as the Pan Arab Narcotic Affairs Bureau, the initiative has brought together specialists from Abu Dhabi, Bahrain, Iraq, Kuwait, Oman, Qatar, and Saudi Arabia, as well as the European Com-

MD-husbands deny, rationalize wives' problems

(from page 1) husband's colleague know there is a problem. For his part, the doctor-husband may rationalize and deny any problem in his wife to escape a painful situation. "Their husbands are competent professionally, but at home they appear to their wives as stern, cold, domineering and do not fulfill these women's dependency

needs," Dr Sakinofsky wrote in a recent article in *Canadian Family Physician*. "The wives become depressed or resort to alcohol, drug addiction, or somatization (development of physical symptoms) in the majority of cases." Dr Sakinofsky strongly advocates more career counselling and better selection of students by medical schools as primary

prevention of suicide and addiction among doctors. Once in those schools, they should also be educated on how to reconcile professional stress with personal satisfaction and the dangers of resorting to chemicals to cope. Marriage management, human sexuality, depression, and suicide courses should be part of their studies. Extending prevention to the

family, "the career must be reconciled with the role to be performed within the doctor's family." He suggests greater sharing of professional workloads, "so that adequate time is freed for family tasks, which include the necessary caring required to reduce the toll among doctors' wives." He adds there are no data

available on what price medical practice exacts on doctors' children. There have been no studies of Canadian woman doctors' addiction rates as such. American studies indicate their suicide rates are at least equivalent to those of male doctors, and three to four times higher than women in the general population. Two American studies published within the past year also concluded that 51% and 65% of women doctors were depressed.

'Increase price and reduce outlets'

(from page 1) tunity in the treatment system, Mr Muir said. The group has already recommended the creation of a central assessment and referral unit for alcoholics in immediate need of treatment.

Primary care

A discussion paper filed with the study report, already adopted by most agencies involved in the anti-alcoholism effort in the area, urged a common approach to client admissions and referrals as well as the development of a primary care approach to follow clients through the system. Mr Muir said native groups have requested more time to examine

the report and comment on its recommendations. The study process is expected to take until sometime this month or February. The health council executive, whose agency acts as an advisory body to Ontario Health Minister Dennis Timbrell, said the Ontario government has indicated it won't take action on the study until the native organizations have spoken. Joe Brown, assistant executive director of the health council, said alcohol consumption in the Kenora area has been on the increase during the past 15 years.

More liquor

"It's up because there are more outlets and the relative price of liquor is down. Increases in the price of alcohol have not kept up with the rate of increase for most other commodities, particularly food," Mr Brown said. "If you wanted to get at the root causes of alcohol abuse, you'd have to increase the price of liquor drastically and at the same time you'd have to reduce the number

of outlets drastically. I think that might do it — and nothing else likely will." As well, lowering the drinking age in recent years has contributed greatly to the level of alcohol abuse, Mr Brown said. Mr Muir said treatment agencies remain condemned for the time being to treating alcoholism as a manifestation of deeper social ills.

"All we've been doing in our study is, very simply, pointing out what we are doing with the money we're expending. "It doesn't seem to be a policy to attack the root causes of alcoholism in any comprehensive way. As a health council we're certainly not going to be able to do it on the local level. All we can do is comment on the cost effectiveness of the current system."



Kenora, where alcohol reigns: "It doesn't seem to be a policy to attack the root causes of alcoholism."

Another research team showed 55% of US doctors who kill themselves use drug overdoses, compared to 21% of the general population. Drugs were chosen by 38% of male doctors and 79% of female doctors, typical of the female preference for drugs among the general population. But unlike the general population, their overdose is more likely to be fatal because of their greater knowledge of toxicology. Dr Sakinofsky believes it is unlikely alcoholism among female doctors approaches that among male doctors. "It is more in the nature of their gender roles to drink heavily and for it to get out of hand," he says of the men. "Even with secret female drinkers, there is still an eight to one ratio of males to females among alcoholics. "There are social pressures against it, it arouses more social repugnance. Even in professional circles, the woman alcoholic doesn't attract sympathy, so I think the woman doctor has to express herself in other ways. That doesn't mean I'd be surprised to find a lot of secret drinking going on."



GILBERT ... is on vacation

'Evidence is overwhelming, unchallengeable'

Ex-smokers do fare better: Sir Richard Doll

By Betty Lou Lee

HAMILTON — When Sir Richard Doll scoffs, he does so with an air of authority.

After more than 30 years of research, much of it involving the smoking-cancer link, he speaks about his work with the calm assurance of a scientist who is respected by his peers. If he simultaneously wore all the medals he's received for his work, he'd look like a South American general.

With the same assurance, he dismisses any suggestion that former smokers don't have better mortality rates than smokers.

Sir Richard has been involved in a 20-year study of smoking among 34,000 male British physicians. That study concluded that smokers were more likely to die of certain diseases than non smokers, and that the mortality rate among those who quit improved with the length of time they abstained.

Questions about the validity of the second conclusion were discussed in *The Journal* (Sept and Oct, 1980) in columns by Dr Richard Gilbert. One questioner has been Peter Lee, a statistical consultant to the British tobacco industry, who suggests total death rates for former smokers aren't all that different, that quitters may be

more likely to die of stress-related diseases, and that there are basic differences between smokers and non smokers.

Sir Richard denies that any "controversy has raged," as Dr Gilbert put it.

"There has been an occasional criticism made," he said in an interview. "Nothing is 100% agreed to by scientists. When it affects a big industry, there are bound to be dissenters."

Evidence

"In respiratory disease — lung cancer, emphysema, chronic bronchitis — the evidence is overwhelming and unchallengeable. You can see physiologically what happens when people stop smoking. Respiratory efficiency decreases with age, and this occurs faster in the smoker. But this deterioration slows down when he stops."

"With coronary thrombosis, the evidence is much less clear. The relationship with smoking is strong only for the young (under 65), in whom the disease is rare. In the old (over 65), smoking is a more minor among many factors. Diet is more important. But I believe that stopping does decrease the risk of myocardial infarct."

In one of three presentations he made here at McMaster Health

Sciences Centre and St Joseph's Hospital, he said the risk of myocardial infarct among men under 65 is reduced by one-quarter by their stopping smoking, and is reduced by one-half for lifelong non smokers.

"The risk stabilizes at the age the ex-smoker stops smoking, so after 20 years he catches up with non smokers."

As for the hypothesis that ex-smokers die of stress-related diseases instead, or represent a different type of person, he says: "It is just not true that those who stop have a higher mortality from other diseases. They have the same rate of stress-related deaths as non smokers. And the idea that they are genetically different was proven wrong 30 years ago."

In his doctors' study, mortality rates from alcoholism, cirrhosis of the liver, suicide, poisoning, and accidents were 84 per 100,000 among non smokers, 78 among ex-cigarette smokers, and 121 among cigarette smokers of the same age.

Sir Richard, 68, is warden of Green College at Oxford University, and was Regius Professor of Medicine at Oxford for 10 years until 1979.

Although he is best known for his work on smoking and cancer, he has had wide research in-

terests: effects of ionizing radiation, long term effects of oral contraception, occupational causes of cancer, and treatments for ulcers and leukemia. He is now mainly involved in using epidemiological data to test hypotheses about mechanisms in the development of cancers.

It was on an epidemiological basis that he attributed numerical values to various carcinogens in relation to cancer deaths at one of his presentations.

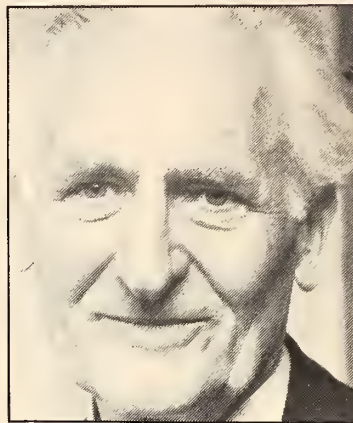
Deaths

He estimates 30% to 35% of cancer deaths are caused at least in part by smoking: deaths not only from lung cancer, but from malignancies in the mouth, esophagus, larynx, pharynx, bladder, pancreas, and kidneys.

In some cancers related to occupational exposure, such as mesothelioma in asbestos workers, cigarettes play a major synergistic role.

"Asbestos by itself has had a small effect in the increase in lung cancer. The two together multiply the risk 90-fold."

In combination with ionizing radiation, smoking again increases the risk of lung cancer and, combined with alcohol, it ups the risk of esophageal cancer.



Sir Richard Doll: With coronary thrombosis evidence is much less clear.

Sir Richard confided later that he gave up a 20-year smoking habit in 1950, when he saw where the smoking-cancer research was heading, but has continued to use alcohol. "So my risk of esophageal cancer is small."

He estimates alcohol is responsible for 3% of cancer deaths in North America and Great Britain, usually in combination with smoking in relation to mouth and throat cancers. But it may also be involved in some liver cancer, perhaps by making that organ more susceptible to malignant invasion. "Ethanol is not a carcinogen in the laboratory."

Psychotropic prescriptions

a GP timesaver?

By Rhonda Birenbaum

TORONTO — Psychotropic and benzodiazapine prescriptions may be one way for British doctors to cope with an otherwise intolerable number of patients.

British doctors, explained Margot Jefferys, professor of sociology and director of the social research unit, Bedford College, University of London, England, have little time for psychotherapy and other psychiatric procedures. Instead, they prescribe medication and remain able to keep up with their large volume of patients.

Once the prescription is filled, requests for repeat prescriptions are the major reason many patients, especially women, return. Not needing a personal consultation, they seek only a "refill," she said.

Dr Jefferys is currently studying Valium (diazepam) prescribing practices of general practitioners in Britain to determine the relationship between the GP and the woman requesting benzodiazapines.

Yet, contrary to the media impression, the trend toward increased benzodiazapine use is

subsiding she said. "In the last five years, the number of benzodiazapine prescriptions has increased only moderately. The impression from the media that benzodiazapine use is epidemic and out-of-hand is simply an indication of moral panic."

Panic

Dr. Jefferys blames the central United Kingdom government for helping to perpetuate this panic. Since the central government meets the whole cost of the British drug bill through the national health plan, there is strong motivation to investigate health care expenditures and look for savings, she said. What has evolved is a

moral persuasion campaign by the government to discourage drug prescribing.

Part of this campaign includes encouraging community care, self-help, and preventive medicine, and discouraging doctors from prescribing drugs. Emphasis on modifying "risk" behavior, namely smoking and drinking, is an integral part of the self care initiative, said Dr Jefferys.

"Since doctors have the right to prescribe what they think is right for their patient, the government can only seek to change the climate of opinion," Dr Jefferys told *The Journal*. Consequently pamphlets, posters, and other information materials are becoming familiar in waiting rooms and doctors' offices.

Dr Jefferys' interest in British prescribing practices began in the early 1950s when she found that patients receiving prescriptions for medication were not precluded

from also using over-the-counter preparations. As well she traced significant changes in medications habits from the pre-barbiturate, pre-amphetamine era (1950) to the current benzodiazapine trends.

Women

Thirty years ago patients, particularly women, consumed an enormous amount of aspirins, she said. Eighty per cent of women she interviewed in the late 1950s indicated they took at least one aspirin per month.

Laxatives for children were another source of unusually high dosages in the 1950s, Dr Jefferys found. However, like aspirins, use of these two has tapered off.

The rise to power of Margaret Thatcher's conservative government is prompting further changes in prescribing habits, Dr Jefferys said. Committed to decreasing taxes, Prime Minister Thatcher has opened up the health care field to the private sector and to making the costs of health care, including the cost of drugs, more apparent to the user. "If patients have to carry a larger proportion of the costs, maybe there will be some reduction," Dr Jefferys speculated.



Margot Jefferys: False reports of epidemic of benzodiazapine use are "indication of moral panic."

Feminists should challenge alcohol's 'power'

By Donald Gregory Bastian

TORONTO — The feminist preoccupation with special alcoholism treatment for women is misguided, a sociologist from the University of California, Berkeley, told alcoholism workers and researchers at the Addiction Research Foundation here.

A better focus for the women's movement — and, indeed, for the modern alcoholism movement — would be a "campaign of consciousness changing" that would expose as a mere excuse the common belief that alcohol causes socially disruptive behavior, said Professor Robin Room.

He argued that the women's movement has fallen victim to this "cultural belief," which conveniently puts the onus for the behavior on the so-called pharmacological effects of alcohol.

Flowing out of this, he said, is

the move to more and more expensive treatment schemes — whether for men or for women — to deal with the alcoholic who supposedly is powerless against drink.

Prof Room claimed it is this cultural belief itself that has enshrined destructiveness around the bottle. And he said the view is a legacy from the Women's Christian Temperance Union.

"The assertion that drinking caused what was then called wife-whipping was in fact a temperance tenet long before the rise of the women's movement."

"This focuses attention on alcohol as an external agent that causes violence rather than on the violence as a result of an inherent characteristic of the actor. The alcoholic excuse that 'it was the alcohol in me,' allows the alcoholic to hold on to his or her moral standing."

The alcoholism movement's emphasis on treatment gives women, particularly, an escape hatch, he said.

"Symptoms of drunkenness are redefined as the symptoms of an underlying moral disease for which the drinker needs help, for which it is an act of loving care, rather than treachery, for the spouse to call in outside help."

"Rather than calling in the police and risking later recrimination from the husband, or retreating to a women's centre for battered wives and leaving husbands in possession of the home, wives are able to manoeuvre for a period of treatment that gets the husband out of the home."

In the end, Prof Room said, "treatment is an expensive way to remove alcohol's power as an instrument of domination."

Criticism of the push for better treatment for alcoholic women is

not welcomed by feminists, he said.

"Meetings about women and alcoholism have been cool or hostile about findings that heavy drinking among women has not increased and that problem drinking women may not be hugely under-represented in treatment facilities."

A better way to deal with the cultural acceptance of alcohol as an instrument of domination would be changing that acceptance through "cultural redefinition," a strategy that "depends on the premise that the link between alcohol and violence is a cultural belief rather than pharmacological action."

This strategy will take time and hard work, he admitted. "The power of alcohol is by now deeply entrenched in song, story, and consciousness."

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'Education option has never been tried'

Cannabis Control Policy 'lacked objectivity'

We have received the extensive article Cannabis Control Policy (*The Journal*, Nov, 1980) and feel we must respond to it.

We wish to express our disappointment with *The Journal* in giving prominence to this article and at the same time leaving an opening for denial that this is the official position of the Addiction Research Foundation (ARF) and hence that of the Ontario government.

The mere prominence given to the article perceives it to be an official position, and this perception is indicated in *The Globe and Mail* editorial of November 20, which states "The report — prepared for the Addiction Research Foundation of Ontario."

The article commenced with the

worthwhile objective of presenting alternative models of procedure which the federal government might consider in its deliberations in formulating sound legislation on marijuana. Unfortunately this objectivity soon lost its credibility in the presenting of the models.

Options

The whole reasoning is based on a false assumption that: "The primary aim of cannabis policy is to minimize the harms resulting from both cannabis use and the societal response to it." The only stated policy that the government has ever issued is one to discourage the use of cannabis.

Once this fact is taken as the basis for the constructing of

options for cannabis control, the goal definition must reflect this policy and not that stated by the authors.

We must also challenge their definition of social costs. Their definition dealt strictly with enforcement and nowhere do the authors talk about the social costs which stem from medical causes due to the use of cannabis in the schools, homes, and workplace. Coupled with this omission was the statement that health risks *per se* should be ignored. This is an astounding statement in itself. It seems to us that the authors have postulated options on the extremely narrow basis of enforcement only.

The federal government has classified cannabis as a hazardous

substance supported by increasing medical evidence to this effect.

It is too great a risk factor to society to have the government assume any posture other than outright discouragement of the use of cannabis.

Risks

Any option with respect to laws on cannabis possession must therefore not only support this policy position but also must be perceived by the public to agree with this policy.

In this respect it is extremely difficult to believe that the authors' fourth option of possible government control of cannabis distribution is valid.

Surely no valid government cannabis control policy can be established without fully considering the total health risks and social costs associated with the increased use of cannabis. These have been ignored by the authors. In fact we could paraphrase from the article by saying "unfortunately the broader perspective is now being obscured by the controversy about enforcement cost risks" and again, "the existence of enforcement costs *per se* should not dictate the legislative response to cannabis."

Surely the only option open to government with respect to a cannabis control policy is to establish

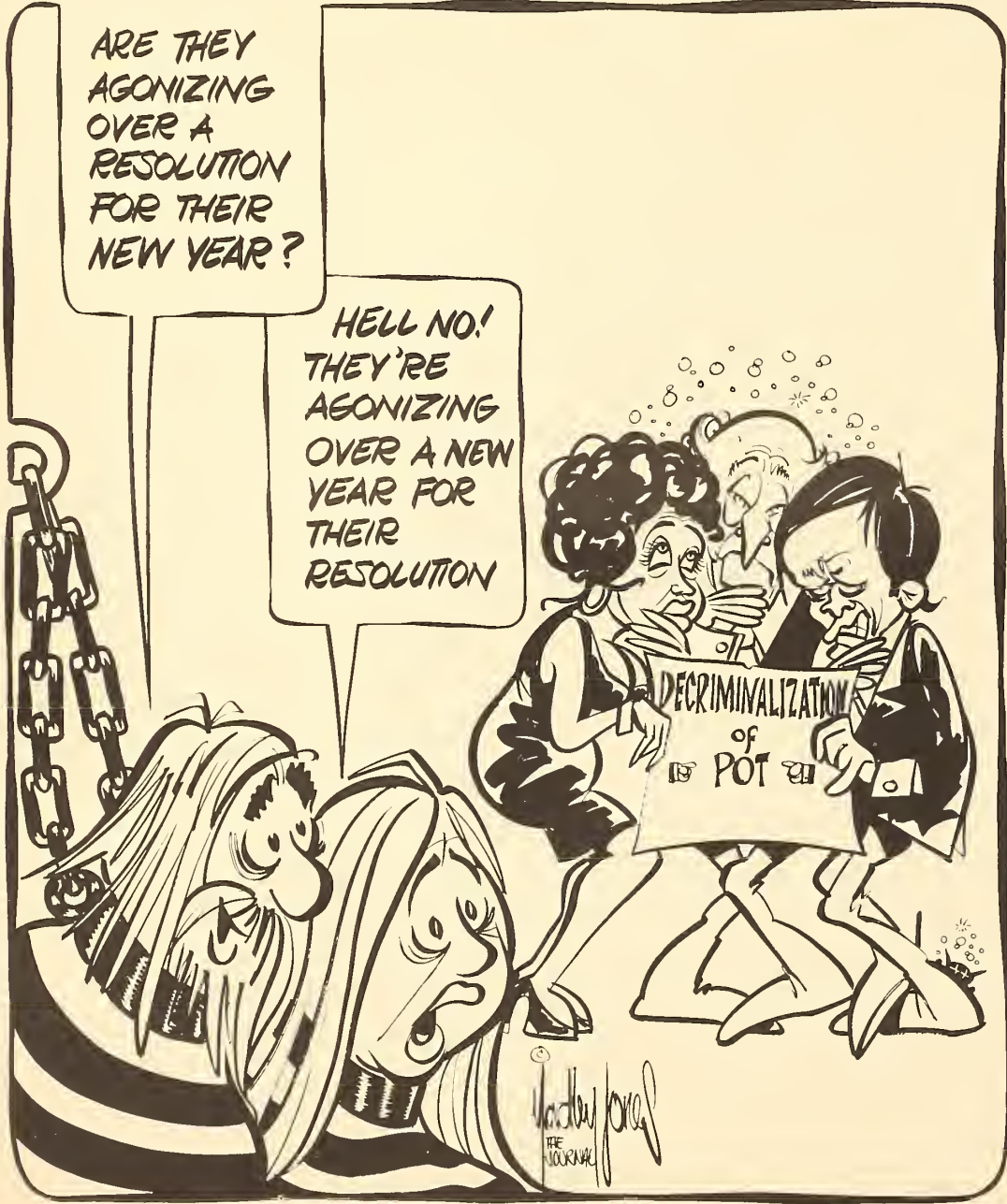
enforcement regulations which are reasonable in relation to the offence and concomitant in demonstrating their commitment to this policy by a continuing preventative education policy on the health risks and social costs derived from increased cannabis use.

The federal government has never taken up the educational option although the necessity of this action has been stressed time and time again over the years by commissions, Senate hearings and representations from reputable educational authorities, expert individuals, and social agencies concerned with drug abuse. Surely this option cannot be disregarded out of hand because it has never been tried.

We regret that the only exposure the public has to the present controversy are articles such as the unfortunate one published by *The Journal* and subsequently quoted by the news media.

A. M. Hurley
President
Council on Drug Abuse
Toronto

Copies to: Premier Wm. Davis
Honourable Dennis Timbrell
Dr John B. Macdonald
Honourable Jean Chretien
Honourable Monique Begin
Honourable Robert Kaplan



Alcoholic women: 'more discourse'

In the February 1980 issue of *The Journal*, Roberta Ferrence presented her perspective and interpretations of the facts and myths as they relate to alcoholic women. Unfortunately, a number of us, also working in this field, espouse and can certainly substantiate views which in many instances are diametric to those of Ms Ferrence.

Our views are reflected in a teaching package on women and addiction, distributed in Ontario by the Health Promotion Directorate. (A national edition will soon be available.) This resource acknowledges that the experience of alcoholism among women and social attitudes to alcoholic women are indeed related to the roles women perform in a paternalistic society. Using much of the same "hard data" as Ms Ferrence, we say that the male to female ratio is 1:1 rather than 3:1, that there is greater stigma toward alcoholic women, that heavier alcohol consumption among some groups of

women is increasing, that women experience cross addiction with greater frequency, and that women are failing to receive appropriate treatment.

As our assumptions and conclusions do not correspond with those provided by Ms Ferrence, we would recommend that *The Journal* give, as it were, equal opportunity to further discourse on the subject of women and alcohol.

Jessica Hill
Barbara Naegele
Marilyn Keddy
Health Promotion Directorate
Health and Welfare Canada

More
letters
page 12



The Journal

by Mandley Jones





CHRISTMAS 1986
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ST. JOHN'S NEWFOUNDLAND JULY 6-10
ARE YOU TOTALLY INEBRIATED?
NO BYE, OIM
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COMMITTEE ON PROBLEMS OF
DRUG DEPENDENCE

GET HOOKED
ON THE JOURNAL
MONTHLY.

FIX, CALL COLLECT
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The Journal

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THE JOURNAL



Yardley Jones

In 1930, maverick Welshman Yardley Jones was born under Taurus the Bull (the bull was astounded) in a dingy district of Liverpool, England.

Reared in a Welsh mining town of sparse population, he received an education to match and has never since been far removed from the pits.

His misspent youth and early adulthood, first devoted to studying architecture, were later dissipated in various pursuits ranging from house-painting to boxing, and from poaching to mountain climbing and freelance cartooning. Both he and his country survived his brief military career.

When his abode was no longer able to accommodate his newly acquired wife, himself, and his cartoon rejection slips, he emigrated to Canada.

Following experiences, memorable and otherwise, at the *Edmonton Journal*, the *Toronto Telegram*, and the *Montreal Star*, he is now contentedly producing some of Canada's most highly praised editorial cartoons as a freelance, internationally syndicated cartoonist.

He is currently living in Montreal with an equally benign and shaggy Old English Sheepdog, a vivacious, forebearing wife, six gifted children, and a fierce budgie.



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INTERNATIONAL

Drug crime 'multinationals' threaten private banking

By Thomas Land

VIENNA — Gunshots fired recently by hired killers in several countries, apparently in connection with the collapse of the Australia-based merchant bank, Nugan Hand International, reverberated here as governments began deliberating on ways of uncovering financial transactions of big drug syndicates.

The first casualty of their efforts may well be the principle of banking privacy.

The meeting, called by the United Nations in response to a "drug epidemic" spreading throughout the lucrative black markets of the industrialized world, followed a charge made by United States Senator William Proxmire, chair-

man of the Senate Banking Committee in Washington, that more than \$6 billion has been "washed" by obliging Florida banks for drug syndicates.

The money is eventually discreetly deposited abroad, mainly in Swiss and Bahamian bank accounts. And London property and money markets are also becoming an important investment area for organized crime, an Interpol conference in Paris recently warned.

Like the legitimate multinational business corporations, the drug syndicates have shown extraordinary flexibility in exploiting the changing patterns of international relations and market conditions. They have already cashed in on the big-power ten-

sions and local political turbulence shaking Iran, Afghanistan, and Pakistan by turning that ill-policed Golden Crescent region into the chief source of heroin plaguing the Western World.

The Vienna conference was intended to deprive the crime syndicates of the dual prerequisite of business flexibility — the availability of highly liquid assets backed by sophisticated banking services. It was called after a meeting of the UN's Commission on Narcotic Drugs, in Geneva nearly two years ago, first called attention to the "great need" to investigate the financial resources and transactions of the illicit drug trade. The Vienna-based International Narcotics Control Board goes much further.

"Illicit (drug) production and trafficking have grown to vast proportions and the attendant financial transactions have generated sums of such staggering size that the economic and political stability of some countries is now threatened," the board says. "These funds support the ever-growing illicit trade."

"Governments should take stricter domestic and international measures to investigate the movement of this ill-begotten capital. Such action would make it possible to identify and eliminate the financiers of organized crime."

This roughly coincides with the argument of Senator Proxmire who recently stated: "One of the important steps is to change the attitude of the United States' federal bank watchdogs towards drug money and the way banks are used. They do not see drug money as a threat to the safety of the banks or the banking system. They see it as an exclusively law enforcement problem which is not their responsibility."

His committee is currently considering legislation for the com-

pulsory disclosure of large cash withdrawals or the receipt of big cashier's cheques for the purpose of bank deposits abroad.

Magnified by the UN conference, these proposals may well lead to the end of the principle of bank secrecy. The bankers resisting the trend will be reminded that at least five attempts have been made in Florida alone for the takeover of banks by crime syndicates.

One such attempt was made by the Sydney-based merchant bank Nugan Hand International, which had an annual turnover of \$1.25 billion and maintained offices in a dozen principle trading centres around the world before its recent bankruptcy. Police in North America and Europe as well as Australia are now investigating a series of murders, disappearances, and "suicides" in connection with its activities.

Its books, now in the hands of the Receiver, are incomplete. But it is believed that the bank — with its founders dead or vanished and its creditors silent — was a financier of the drug trade.

Irish are Europe's biggest spenders on alcohol

Nation's drinkers called 'unusual'

By Sean Milmo

DUBLIN — High drink taxes have proved to be an ineffective way of reducing alcohol consumption in Ireland, according to a study on drinking in the country.

Taxes on drink account for about half the retail price of beers and spirits and provide the Irish government with 12% of all its tax receipts, by far the highest proportion among European Economic Community (EEC) countries. Successive Irish governments have argued high taxes help to keep drinking down.

But Professor Brendan Walsh of The Economic and Social Research Institute in Dublin says although hefty taxes have made drink extremely expensive in Ireland, they have done little to cut down per capita alcohol intake.

Over the last two decades, alco-

hol consumption per person aged over 14 has risen by 113% or an annual average rate of 2.6% — one of the fastest in Europe. Last year it reached 9.96 litres.

The combination of high prices and increased drinking means that the Irish now spend more of their income — around 12% — on alcohol than any other nation in Europe.

"The high proportion of the consumer's budget devoted to purchasing drink in Ireland is important evidence of the attachment of the Irish to alcoholic beverages and their willingness to forgo other items in order to secure a desired level of alcoholic intake," says Professor Walsh, who is involved in the International Study for Alcohol Control Experiences (ISACE).

He believes one major reason for the rise in per capita consumption may be a steady drop in the number of abstainers in Ireland. Teetotalism has a strong tradition among the Irish but now appears to be losing its appeal, especially among the young.

Market research and other surveys show that around half of women now drink, compared with only a third in the late 1960s. At the same time, two-thirds of people aged 18 to 24 years consume alcohol compared to less than half 10 years ago.

Mental hospitals —

"The newly recruited drinkers are likely to have relatively low consumption, which would tend to weaken the association between the growth in consumption per head of total population and consumption per drinker," argues Professor Walsh.

In the period from 1965 to 1977 the admission rate to mental hospitals of alcoholic cases more than trebled and was five times that in neighboring England and Wales. But Professor Walsh warns against misinterpretation of these figures.

There has been an increasing emphasis in Ireland on the effectiveness of medical treatment of

alcohol problems. Admission rates for alcoholism among upper socio-economic groups, who tended to be more aware of the benefits of medical treatment, were, for example, high — even though their drink intake had not been exceptionally heavy.

If heavy drinking had kept pace with the rise in alcohol consumption, it would normally show up in figures for liver cirrhosis cases. But the cirrhosis death rate has increased by only 50% over the last two decades, less than half the rise in per capita consumption.

Drinking did not appear either to be a big drain on the country's finances. Professor Walsh estimated that in the mid-1970s alcohol abuse was costing the state £63 million (\$120 million) in terms of extra health care, social services and welfare costs, and loss of tax revenue. But since taxes on alcohol yielded £160 million annually, drinking did not impose a net cost on the state. "Drinkers are so exceptionally heavily taxed that they more than pay for any costs

their drinking imposes on other taxpayers."

The size of Ireland's drinking problem had to be put in proper perspective. The country's alcohol consumption per person was one of the lowest among Western countries, well below that of France and West Germany, for example.

But Irish drinkers were unusual in being uninfluenced by price. The nation spent a substantial amount of increases in income on drink, indicating that as the country became richer per capita consumption would rise even faster.

Ireland was an exception to any rule that difference in patterns of drink consumption between countries could be accounted for by differences in prices, rather than social or cultural trends.

"Although our per capita consumption is still modest by international standards, it is high by comparison with what might be expected in view of the fairly low average income in Ireland and the high relative price of alcoholic beverages," says Professor Walsh.

Rise in women's drinking paradoxical: study

By Alan Massam

LONDON — All the indicators suggest there has been a real increase in drinking problems among British women.

That's the conclusion of Stan Shaw, co-director of the Detoxification Evaluation Project, Maudsley Hospital, London, in an important new publication *Women and Alcohol*.

Cheap —

Examining the etiological factors for this, he says that besides the fact alcohol has become relatively cheaper and more accessible, there are more subtle influences.

Women are able to drink more often and more heavily because it has become more socially acceptable, indeed fashionable and approved.

There is now an increasing likelihood of women drinking in pubs, clubs, and bars where at one

time they would have been frowned upon unless accompanied by men.

Women going out in pairs and groups to pubs and other drinking situations has become a regular activity. Moreover, it has been reported that pubs with higher than average proportion of female customers have higher than average sales.

Mr Shaw reports there has been an increasing amount of alcohol advertising in women's magazines and that other advertising has been more geared to catching the woman customer.

He adds: "It would be a very one-sided argument that attributed the rise in the number of women problem drinkers solely to the increased availability of alcohol to women. We have already seen that this is but part of wide-sweeping socio-economic changes in which women have become more important consumers with greater financial flexibility and economic independence."

"Financial emancipation is

part and parcel of social emancipation and just as economic emancipation has led to increased indulgence in alcohol, so might have greater general social freedom for women. For with greater freedom of choice and opportunity comes more responsibility and more risk.

"Indeed one interpretation has been that 'alcoholism represents the ransom woman pays for her emancipation' (Massot, Hamel and Deliry 1956)."

Passive —

Mr Shaw notes that in studies of women problem drinkers, four main groups of psychological factors have been implicated — general stress, specific life events, difficulties over role ambiguity, and difficulties over sociosexual self image.

On the last category, he says: "The role of women as careful and passive in sexual encounters has gradually become redundant be-

cause of increasing control of fertility. Women have become allowed to be more sexually aggressive and explicit, to make the play, and to have as much right to orgasm, greater choice of partner, and enjoyment of sex, as men.

Sex roles —

"But as yet, this too has been a highly ambivalent development which is by no means unanimously agreed behavior. Sexual emancipation, like other aspects of emancipation, has again only served as yet to increase the sex role confusions which have been found etiologically to precipitate drinking problems among women. Double standards still prevail. It is fairly positive for a man and definitely negative for a woman to be promiscuous; the differential evaluation of the 'stud' and the 'scrubber' remains strong."

"The 'sexual revolution' has merely raised doubts in women

about their adequacy as sex objects and sexual performers... Their experiences do not live up to the propaganda of liberated women's magazines."

Risks —

He concludes that the changing climate of sexual mores has put more women at greater risk of turning to alcohol as a recourse.

"In these senses, the increasing prevalence of alcoholic women is not so much the ransom of emancipation as rather the paradoxical and ironical outcome of a nascent social trend which must attack old attitudes and open new horizons, but in doing so increases sex role ambiguity, double standards, confusion and guilt, and aggravates women's feelings of not being able to realize their potential."

Women and Alcohol — Camberwell Council of Alcoholism. Tavistock Publications, North Way, Andover, Hampshire SP10 5BE £3.95.

NEWS AND LETTERS

Patient's family also treated at this US centre

TORONTO — A Minneapolis centre will treat substance abusers only if members of their immediate family agree to enter rigorous treatment with them.

Patterns

The Family Renewal Center in Fairview Southdale Hospital is one of a handful of centres in the United States that view the abuser together with his or her family as

the "client" and not just the substance abuser alone.

Elinor Killorin, the centre's programming clinical supervisor, described the approach to *The Journal* at the recent annual meeting here of the American Association of Marital and Family Therapy.

In the family systems approach, she said, substance abuse is seen as symptomatic of destructive family patterns learned inter-

generationally to deal with stress.

Only when the patterns begin to emerge do counsellors approach the problem of substance abuse directly.

She agreed there is some controversy in the addictions field about where counsellors should draw the line between helping a substance abuser and looking at family problems, traditionally the purview of psychiatrists.

Success rate

However, the very method of family therapy does not allow for

the separation, she said.

In the Minneapolis centre, families must commit themselves to a 20-week program with 28 hours of work spread over each five-day week.

"We can show a success rate in terms of absence of chemical abuse once the program is over, but we don't have a way right now of showing statistics on something as hard to pin down as family change," Ms Killorin said.

She expressed concern that an abuser who has kicked the habit still has to face problems with his family of origin.

"A person might come out of the problem without the dependency but still have to deal with an addict father," she said.

Deadline draws nigh

TORONTO — Deadline for abstracts for proposed presentations to this year's annual meeting of the Canadian Addictions Foundation is Feb 1.

The conference in St John's, Newfoundland, July 7 to 10, will explore the impact of rapid economic development and associated social change on problems related to substance abuse or dependence.

Editor... Letters to the Editor... Letters to the Editor...

Legal pills marketed as coveted drugs

Over the past year or so, a new phenomenon has gained widespread popularity. So-called "pea-shooters" are professionally-made capsules and tablets, many of which closely resemble such coveted drugs as Dexedrine (R), Biphedamine (R), Ionamin (R), or Dexamyl (R). Others do not

'Fine paper'

I would like to take this opportunity to thank you for your very fine paper. I have found it to be very informative. I have taken a position with the Salvation Army as a counsellor and therefore I have moved and I would like you to send my paper here.

Douglas D. Vale
Salvation Army
Toronto

resemble any other medication, but rely on the aura of authenticity generated by a "product identification number" neatly printed on the side of a capsule.

These generally contain varying proportions of caffeine, ephedrine sulfate, pseudoephedrine, phenylpropanolamine HCL, phenyltoloxamine DHC, or pyrilamine maleate. Since these are not controlled substances, they can be legally manufactured and sold through the mails as "legal stimulants" or as "sleep aids," usually in lots of a thousand at 10¢ to 15¢ each. The purchaser, however, often breaks them into smaller lots, and sells them — without labels — as "speed" or as "downers." These street dealers are not breaking the law in most instances, though some have been charged with doing business without a licence,

and others have been beaten by disgruntled customers.

Though some have expressed great shock that such things occur, it should be noted that the shelves of any drug store and many markets carry a large number of "legitimate" patent medicines, advertised as "appetite suppressants" or as "sleep aids." Problems may occur, however, as with any drug, from idiosyncratic reactions, interaction with other medications, or overdosage (in several instances of which we're aware, small children have consumed a number of these pills and been taken to emergency rooms). Proper treatment is hampered, in these cases, by a lack of identification. The consumer has no idea of the actual contents, and though a sample may well be available, it cannot be found in any reference.

We are preparing a booklet containing full-size color pictures of these products, with markings and composition given, along with pharmacological data. Assistance is being provided for the project by Virginians for Study of Marijuana Laws and the Virginia Drug Information and Consultative Service, and by (most of) the manufac-

turers. The booklet will be available this month (January), and will be distributed at cost (projected at well under five dollars). Those who have pertinent information to be included, or who would like a copy, should write to: ADAPTS Drug Identification Project, 932 West Grace Street, Richmond, VA 23220.

Roy B. Scherer
ADAPTS
Richmond, Virginia

Journal 'good reference'

I have subscribed to *The Journal* for some time and I find it a valuable resource for keeping up to date in concerns related to the addiction field. Not only do I use it, but the students of education whom I teach also use it for references.

I might note here that I also found the publication *Addictions*

very helpful — I was disappointed when it was no longer available. Thank you for all your efforts in the field of addiction.

Doreen Wallace
University of New Brunswick
Faculty of Education
Fredericton, NB

ADVANCES IN ALCOHOLISM Symposium

Friday, March 6 and Saturday, March 7, 1981 REGISTRY HOTEL
Newport Beach, California

Dear Colleague:

We'd like to invite you to our two-day "Advances in Alcoholism" Symposium. You can enjoy our California sunshine at the same time. Eighteen Alcoholism Specialists will be presenting papers with the latest updated information on State of the Art Alcoholism Research, from the GENETICS OF ALCOHOLISM to a paper on ASPECTS OF ALCOHOLISM AMONG MIDDLE CLASS AMERICANS. Presenters will include: Marc A. Schuckit, M.D., Jack H. Mendelson, M.D., Nancy K. Mello, Ph.D., Dora Goldstein, M.D., Sheldon Miller, M.D., Charles S. Lieber, M.D., Perry London, Ph.D., George Jacobson, Ph.D., Peter E. Nathan, Ph.D., and Leo Perlis.

The symposium is co-sponsored by the Raleigh Hills Foundation and the American Medical Society on Alcoholism.

The annual Raleigh Hills Foundation International Gold Medal Award for excellence in alcoholism research will be presented for the first time during the symposium.

ENROLLMENT INFORMATION

Tuition: Physicians: \$150, Non-Physician Professionals: \$100, includes two-day symposium and luncheons both days. Tax deductible. Registration is limited.

Location: The Registry Hotel, Newport Beach, California. Check below if hotel information is desired. Hotel reservations must be received by 2/13/81.

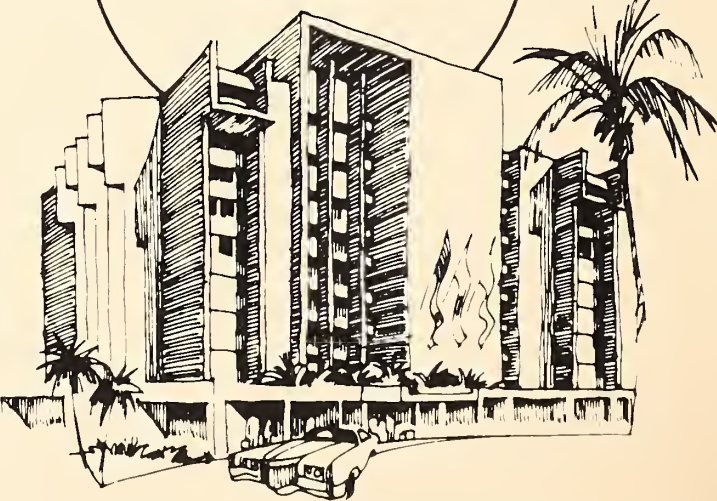
Enrollment Deadline: January 30, 1981

ENROLLMENT FORM: (J-2)

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Enclose check or money order payable to the RALEIGH HILLS FOUNDATION, 17861 Cartwright Road, Irvine, California 92714. Enrollment fee is tax deductible.
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DEPARTMENT

Projections

The following selected evaluations of audio-visual materials have been made by the Audio Visual Assessment Group of the Addiction Research Foundation of Ontario. The ratings are based on a six point scale. For further information, contact Jenny Cafiso, coordinator of the group, at (416) 595-6150.

Born With A Habit

Projection Number: 409.
Subject Heading: Drugs: pharmacology; women and drugs; attitudes and values; treatment/rehabilitation.
Details: 30 minutes; 16mm; color.
Synopsis: A number of problems are associated with the birth of children to narcotic-addicted mothers. Interviews with parents and professionals serve to point out some of the anxieties felt, or problems experienced, by these women and clearly indicate the importance of pre-natal care and extended follow-up. Some of the physiological problems associated with delivery and the symptoms of neonatal withdrawal are shown and discussed, as are various social and legal issues. The need for caring professionals devoid of prejudices against addicted mothers is emphasized, as with some help these mothers can be successful in overcoming the obstacles they face.
General evaluation: Very good (5.0). This contemporary, informative, realistic, and technically well-produced film may have a strong impact on the audience and it was deemed an effective teaching aid. It received good ratings in all categories. Public broadcast

was recommended.
Recommended Use: This film is likely to benefit audiences 12 years of age or older, in particular drug users and professionals.

Wingwalking In America

Projection Number: 410.
Subject Heading: Alcohol and alcoholism: overview; attitudes and values; employee assistance program.
Details: 21 minutes; 16mm or video cassette; color.
Synopsis: An analysis of social drinking in America reveals that its pervasiveness and its consequences are far more serious than is usually assumed. In this film, the social drinker is compared to the airplane wingwalker. Like a wingwalker, he is a risk taker, since one out of 10 social drinkers will develop into an alcoholic. The role that industry plays in both aggravating and resolving the problem of alcoholism is examined. Also analyzed are the personal pressures which often lead individuals to drink. Like the wingwalker, the social drinker usually feels that he is in control, however, he has to learn his limitations. Suggestions on how to minimize the risk by practicing moderation and by relieving pressures that lead to drinking are offered.
General evaluation: Good (4.1). This contemporary, informative, and technically well-produced film is a good teaching aid. The A/V assessment group liked what the film said about alcohol and its abuse. General broadcast was recommended.
Recommended Use: This film is

likely to benefit audiences 12 years of age or older.

Octopuff In Kumquatt

Projection Number: 413.
Subject Heading: Smoking.
Details: 9 minutes; 16mm; color.
Synopsis: In this animated film, the story of the land of Kumquatt and how its residents resolved a problem which had beset them, is told. Kumquatt was a land with fresh clean air, where people lived happily. One day, smoke was seen approaching, and Octopuff arrived driving a car and smoking a cigar. He was able to convince the adults in Kumquatt to try smoking; soon they developed the habit and the air in Kumquatt was filled with smoke. The children, very unhappy about this situation, devised a strategy to change it. As their plan was successful, Octopuff and all the people in Kumquatt stopped smoking, and everyone could breathe fresh air once again.
General evaluation: Very good (5.0). This is a contemporary, entertaining, informative and technically well-produced film with a clear message. The A/V assessment group considered it a good teaching aid. Public broadcast was recommended.
Recommended Use: Intended for, and likely to benefit audiences 12 years of age or younger.

First Aid: Drug Emergency

Projection Number: 414.
Subject Heading: Drugs: pharmacology; drugs and youth; treatment.

Details: 16 minutes; 16mm; color.
Synopsis: The film discusses two examples of drug emergencies and, how to recognize and intervene in these situations. In the first instance, a young man takes alcohol in conjunction with some barbiturates, both of which depress the respiratory system causing him to lose consciousness. The essential first aid procedures for this situation, including the ABC method (Airway, Breathing, Circulation), and artificial respiration, are illustrated. The second situation is a psychological emergency, caused by PCP, a mind altering drug. In this instance, first aid intervention includes reducing all sensory stimulation and providing reassurance.
General Evaluation: Good to very good (4.7). This contemporary, informative, realistic, well-produced film has a clear message and is a good teaching aid. Public broadcast was recommended.
Recommended Use: This film is likely to benefit audiences 12 years of age or older.

A Fight For Breath Emphysema

Projection Number: 415.
Subject Heading: Smoking.
Details: 11 minutes; 16mm; color.
Synopsis: For many people who suffer from obstructive lung disease or emphysema, life is a "fight for breath"; most of these people have been smokers. The film first examines in detail the structure of the healthy lungs, as well as the breathing process and the mechanism whereby the respiratory system cleans itself of dirty particles. The film then shows how cigarette smoke affects the system. Over the years, the cleaning capabilities of the lungs become overloaded, causing overproduction of mucus, blocking of the airways and breakdown of the alveoli, resulting in emphysema.

Today all forms of lung disease are increasing. It is stressed that people should stop smoking as early as possible, since early lung changes are reversible.

General Evaluation: Very good (4.8). This contemporary, informative, technically well-produced film has a clear message and is a good teaching aid. The A/V assessment group felt that it may help in decision-making about smoking. Public broadcast was recommended.

Recommended Use: This film is likely to benefit audiences 12 years of age and over.

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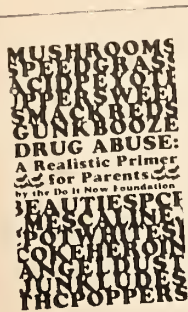
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DEPARTMENT

New Books by RON HALL

Alcoholism Treatment In Transition

... edited by Griffith Edwards and Marcus Grant

The stated purpose of this book is to aid a process of re-thinking alcoholism treatment. The first section of the volume explores how transition can be used creatively. The next section deals with the question, Does Treatment Work? and contains chapters on the Rand Report, patterns of remission, and treatment of alcoholic women. Understanding treatment, treatment strategies for the early problem drinker, and treatment research and the matching hypothesis form the section entitled Toward Better Questions and Better Methodologies. Questions dealing with the treatment system

are examined in the next section and models in transition is the theme of the fifth part. Dealing with both practical and conceptual issues, this book brings together papers prepared by international authorities who deal with an extremely difficult area of research and clinical practice.

(University Park Press, 233 East Redwood Street, Baltimore, MD 21202, 1980. 327p. \$24.50).

Marijuana Research Findings: 1980

... edited by Robert C. Petersen

For this NIDA Research Monograph No 31, research reports through late 1979 were reviewed. Sections are devoted to human effects, chemistry and metabolism, acute effects of marijuana on

human memory and cognition, effects of marijuana on neuroendocrine function, the effect of marijuana on reproduction and development, effects of cannabis in combination with ethanol and other drugs, and therapeutic aspects. The first chapter is a reprint of the text of the eighth *Marijuana and Health* report, which was presented to the U S Congress.

(National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857, 1980. 234p. \$5.00).

Did I Have A Good Time? — Teenage Drinking

... by Marion Howard

This book tells the story of three different young people and the narrative follows each person's story through the initial encounter with alcohol to the point at which alcohol causes some significant change in their lives. Dating and drinking, decisions about conforming to peer expectation, obtaining money for drinking, and riding in cars with people who drink are discussed. Professional commentary is provided throughout the narratives to clarify issues and to add information of interest to teenagers, their parents, and those in the helping professions.

(Continuum Publishing Corporation, 815 Second Avenue, New York, NY 10017, 1980. 171p. \$10.95).

The New Drinkers: Teenage Use and Abuse of Alcohol (Section Edition)

... by Reginald G. Smart

The aim of this second edition is still to provide a discussion of the major research findings relevant to the questions most asked by those seeking information about youthful drinking. It is not meant to be an exhaustive coverage of all research in each area, but rather a description of the most recent and most cogent findings for each issue. The book will be of interest to educators, therapists, and professionals who work with young people and to parents who may be concerned with drinking problems in their own families. Chapters deal with the reasons for concern about teenage drinking, the extent and level of consumption, reasons for drinking, the effects of parental drinking, the effect of changing the legal drinking age, the role of the parent in prevention, and a discussion of the role of governments with regard to youthful problem drinking.

(Addiction Research Foundation, 33 Russell Street, Toronto, Ontario M5S 2S1, 1980. 190p. \$5.95).

Theories on Drug Abuse: Selected Contemporary Perspectives

... edited by Dan J. Lettieri, Molie Sayers, and Helen Wallenstein Pearson

The primary intent of this volume (NIDA Research Monograph Series No 30) is to present a representative selection of contemporary theoretical orientations on the current drug abuse situation, and chapters 5 through 7 are intended to help educators and parents deal with the problem more effectively. Chapter 8 provides young users and non-users with an opportunity to share their thoughts with readers. The book focuses on students 12 to 18 years of age, but information and activities for elementary school teachers, administrators, nurses and counselors have been included.

(Goodyear Publishing Company, 1640 Fifth Street, Santa Monica, CA 90401, 1980. 224p. \$8.95).

Other Books

A Strategy For Local Drug Abuse Assessment — Forecasting Branch, National Institute on Drug Abuse, Rockville, 1980. Technical paper discussing drug abuse indicators and methods for acquiring data in order to plan services. The example of the San Diego County report is included. References, appendices, DHEW (ADM) 80-966. 27p.

Vagrancy, Alcoholism And Social Control — Archard, P. MacMillan, London, 1979. This research into the lifestyle of the homeless alcoholic in Great Britain also considers how society seeks to contain or change skid row and its inhabitants. Index, bibliography. (Critical Criminology) 284p. \$31.25.

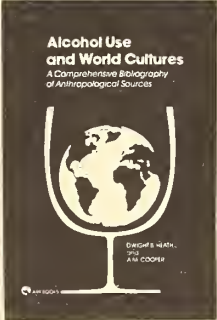
Drugs Detected In Fatally Injured Drivers and Pedestrians In The Province Of Ontario — Cimbura, G., et al. Traffic Injury Research Foundation of Canada, Ottawa, 1980. Bibliography, appendices, TIRF Reports. 73p. \$7.00

Drugs And The Youth Culture — Scarpitti, F. R. and Datesman, S. K., Sage, Beverly Hills, 1980. Articles with references on the contemporary picture, recurrent issues, prevention and control. (Sage Annual Reviews of Drug and Alcohol Abuse: 4). 320p. \$26.22.

Belief, Deterrence And Marijuana Use — Peck, D. G., Century Twenty-One, Saratoga, Ca, 1980. The relationship of expected consequences of punishment to marijuana use by adolescents is explored by means of a survey done in the state of Washington. References, appendix. 90p. \$9.

The Use And Misuse Of Sleeping Pills: A Clinical Guide — Mendelson, W. B., Plenum, New York, 1980. Basic concepts, prevalence of sleep disturbance and hypnotic use; pharmacology of prescription hypnotics, efficacy, suicide, and residual day time effects of hypnotics; interactions with ethanol, dependence; the elderly; other approaches. Bibliography, index, 220p.

New Annotated Bibliography



Alcohol Use and World Cultures

by Dwight B. Heath and A.M. Cooper

The wide variety of roles that alcoholic beverages play in the lives of people throughout the world is reflected in the writings of anthropologists, travellers, historians, classicists, and others.

This bibliography contains an up-to-date list of most of the sources that deal with alcohol in a socio-cultural perspective, throughout time and place, and provides easier and more comprehensive access to these large, diverse, and widely scattered materials. Coverage is intentionally broad and ranges from prehistory to mid-1978. No area of the world has been ignored. Not only are tribal and peasant peoples represented, but also non-Western civilizations. Not only are classical and other ancient peoples included, but also our contemporaries.


Books, monographs, chapters from books, and articles, mostly in English, comprise the bulk of the items that are cited.

This volume will make it easier for people to learn more about what is known about patterns of beliefs and behavior with respect to alcoholic beverages among the many and diverse cultures of the world.

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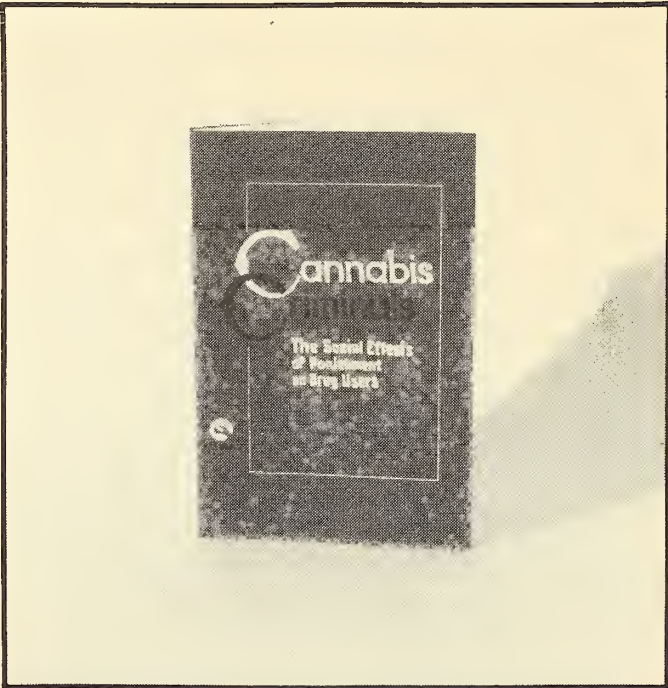
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DEPARTMENT

Coming Events

Canada

147th Annual Meeting of the American Association for the Advancement of Science (AAAS) — Jan 3-8, 1981, Toronto, Canada. Information: Joan Wrather, AAAS, 1776 Massachusetts Avenue, NW, Washington, DC 20036.

Annual Convention of the Ontario Psychological Association — Feb 12-14, Toronto, Ontario. Information: Dr Hy Day, Ontario Psychological Association, 1407 Yonge Street, Suite 402, Toronto, Ont M4T 1Y7.

4th Annual Scientific Meeting of the Canadian College of Neuropsychopharmacology — April 23-25, Toronto, Ontario. Information: Dr Jerry J. Warsh, Clarke Institute of Psychiatry, 250 College Street, Toronto, Ontario M5T 1R8.

Smoking or Health in the 80s — May 28, 1981, Toronto, Ontario. Information: Mrs M. Nefsky, Secretary to the Planning Committee, Smoking or Health in the 80s, Second Floor, 7 Overlea Boulevard, Toronto, Ontario M4H 1A8.

8th Biennial Conference of the Canadian Guidance and Counseling Association — June 2-5, Calgary, Alberta. Information: Canadian Guidance and Counseling Association, Faculty of Education, University of Calgary, 2500 University Drive, Calgary, Alta T2N 1N4.

58th Annual Meeting of the Canadian Paediatric Society — June 26-30, Winnipeg, Manitoba. Information: CPS, Sherbrooke, Quebec J1H 5N4.

United States

Training School on Alcohol and Drug Abuse — Jan 5-23, Mar 9-27, Minneapolis, Minnesota. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, Mn 55441.

Intervention Skill Building Workshop — Feb 2-6, 1981, Minneapolis, Minnesota. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, Mn 55441.

Polydrug Abuse and the Phencyclidines — Feb 12-13, 1981, Los Angeles, California. Information: Gloria Kaufman, Health Sciences, UCLA Extension, PO Box 24901, Los Angeles, CA 90024.

Basic Workshop on Chemical Dependency And The Family — Feb 16-20, Minneapolis, Minnesota. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, Mn 55441.

Workshop on Chemical Dependency And Adolescents — Mar 1-6, Apr 12-17, 1981, Minneapolis, Minnesota. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, Mn 55441.

Chemical Dependency And Family Recovery Workshop — Mar 15-20, Minneapolis, Minnesota. Information: Training and Education Project, 409 Clayton Street, San Francisco, CA 94117.

National Conference on Sexological Aspects of Substance Use and Abuse — April 1981, San Francisco, California. Information: Stephanie Ross, Haight Ashbury Training Education Project, 409 Clayton Street, San Francisco, CA 94117.

Third Annual Women In Crisis Conference — June 28-July 2, New York, New York. Information: John P. Scanlon, Scanlon Incorporated, Public Relations and Marketing, 1500 Broadway, New York, New York 10036.

Committee on Problems of Drug Dependence 43rd Annual Meeting — July 12-15, San Francisco, California. Information: Leo Hollister, Veterans Administration Hospital, Palo Alto, California 94304

43rd Annual Scientific Meeting of the Committee on Problems of Drug Dependence Inc. July 12-15, 1981, San Francisco, California. Information: Leo E. Hollister, MD, Executive Secretary, Committee on Problems of Drugs Dependence, 1800 University Ave, Palo Alto, California 94301.

32nd Annual Meeting Alcohol and Drug Problems Association of North America (ADPA) — Sept 13-17, 1981, Dallas, Texas. Information: Augustus Hewlett, ADPA, 1101 — 15th Street, Washington, DC 20005.

Abroad

Summer School on Alcohol, Drugs & Chemical Dependency — Feb 3-5, 1981, Wellington, New Zealand. Information: Barbara Mills, Bursar, NSADD, PO Box 1642, Wellington, NZ.

Transcultural Approaches to the Etiology, Diagnosis and Treatment of Alcoholism — March 9-20, 1981, SS Doric cruise of the Caribbean Islands. Information: Elaine Woody, University of North Carolina Center for Alcohol Studies, 355 Medical School Building, 207H, Chapel Hill, NC 27514.

3rd Regional and National Conference on Drug Abuse — Mar 30-April 4, New Delhi, India. Information: International Council on Alcohol and Addictions, Case postale 140, CH — 1001, Lausanne, Switzerland.

3rd African Seminar on Problems of Drug Dependence — April,

In order to provide our readers with adequate notice of forthcoming events, please send announcements, as early as possible, to: The Journal, 33 Russell Street, Toronto, Ontario, Canada, M5S 2S1.

Nairobi, Kenya. Information: ICAA, Case postale 140, Ch — 1001, Lausanne, Switzerland.

5th International Conference on Alcohol Related Problems — April 5-10, Liverpool, England. Information: ICAA, Case postale 140, Ch — 1001, Lausanne, Switzerland.

27th International Institute on the Prevention and Treatment of Alcoholism — June 15-20, Vienna, Austria. Information: ICAA, Case postale 140, Ch — 1001, Lausanne, Switzerland.

11th International Institute on the Prevention and Treatment of Drug Dependence — June 22-27, Vienna, Austria. Information: ICAA, Case postale 140, Ch — 1001, Lausanne, Switzerland.

The People's Republic of China Medical Exchange Team — June 26-July 18, an information exchange with the medical and psychiatric community in China, concerning advances in mental health. Information: Professional Exchange Travel, Ltd, 2 Meta-

comet Drive, East Granby, Connecticut 06026.

International Research Conference on Narcotics — July 26-30, Kyoto, Japan. Information: Hiroshi Takagi, Department of Pharmacology, Kyoto University, Sakyo-Ku, Kyoto 606, Japan.

International Congress on Drugs and Alcohol — Sept 14-18, 1981, Jerusalem, Israel. Information: Professor Stanley Einstein, Organizing Secretariat, Congress on Drugs and Alcohol, PO Box 394, Tel Aviv, Israel.

12th International Institute on the Prevention and Treatment of Drug Dependence — March, 1982, Bangkok, Thailand. Information: ICAA, Case postale 140, Ch — 1001, Lausanne, Switzerland.

28th International Institute on the

Prevention and Treatment of Alcoholism — July 5-9, 1982, Munich, Fed Rep of Germany. Information: ICAA, Case postale 140, Ch — 1001, Lausanne, Switzerland.

33rd International Congress on Alcoholism and Drug Dependence — October, 1982, Tangiers, Morocco. Information: ICAA, Case postal 140, Ch — 1001, Lausanne, Switzerland.

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Drug workers lend ears to acupuncture— seeking a cure for their woes

By Lucy Barry Robe

WASHINGTON — The crowds in a far corner of the National Alcohol and Drug Coalition (NADC) conference's exhibit hall were reminiscent of *The Music Man*. In the 1950s musical, Professor Harold Hill peddled 76 Trombones. In September, a bearded doctor and his jeans-clad aids demonstrated acupuncture. An estimated 25% of the 1,000 conference participants visited the booth for treatment of a medley of ailments — from alcoholism through arthritis and headaches to heavy smoking.

"Acupuncture eliminates the physical craving for drugs, alcohol, and nicotine," Michael Smith told *The Journal*. At a clinic affiliated with Lincoln Hospital in the Bronx, he treats about 50 addicted patients daily.

"Acupuncture is considered a method of natural healing because it works by stimulating the flow of natural energies in the body," Dr Smith, who is licensed by New York State as a physician and doctor of acupuncture, wrote in the *American Journal of Acupuncture* in 1979.

"We cannot explain or understand acupuncture in the same

way that we explain Western medical treatment . . . Acupuncture is uniquely capable of calming the anxiety of a detoxified addict and, at the same time, strengthening the health of his digestive, hepatic, and reproductive systems. Prescription drugs such as methadone, Valium, and Elavil . . . act solely by suppressing the perception of symptoms. The basic malfunctions in the patient's body remain undiminished and often increased."

With one to five thin needles several inches long, stuck a fraction of an inch into each ear, NADC conferees resembled human pin cushions as they sat chatting quietly to one another. Dr Smith and his assistants were in constant motion — inserting needles in ears, legs, or backs; asking for symptoms from those in line; probing inside the ears of new patients; placing staples covered with tape in the ears of those whose half-hour treatments were finished. Patients were told to press the staples gently three times a day for three minutes — the staples fall out after about a week.

"The ear has 148 surfaces,"



assistant Paul Swiewski told a fearful Bill Morgan, director of Southland Hospital for alcoholics in Mobile, Ala. A three-pack-a-day smoker who wanted to quit, Morgan is terrified of needles. "Some areas feel warm, some cold. Each ear shell has two lung areas. The needles increase circulation in your lungs and remove toxicity, which removes your need to smoke. You'll have cleaner lungs which will be less tolerant to smoke, like a child's."

Five minutes into treatment, Morgan told *The Journal* the needles were not painful. "Usually after something like this I'm dying for a cigarette," he said. "But I don't want one now."

"Don't worry about willpower," Dr Smith told him. "You'll find that within a few days you don't want to smoke. When that happens, you have to give it up com-

Acupuncture: "Technique for treating certain painful conditions and for producing regional anesthesia. Long thin needles are passed through the skin at specific points . . . Acupuncture . . . has been known in the Far East for centuries but received little attention in Western cultures until the early 1970s."

Taber's Cyclopedic Medical Dictionary, Edition 13

pletely or the treatment won't work. Lungs respond very well to acupuncture. You'll stop for at least several months."

Four hours after his treatment, Morgan told *The Journal* he'd smoked four cigarettes but "I don't have the craving I had before." The next morning he had two cigarettes with breakfast but "cigarettes just don't taste good. I'm not hungry either," he added.

Eight days later, the "patient" reported that although his craving for cigarettes had not returned, he still smoked about a pack and a half a day — half his former consumption. "Smoking is more of a bother than a pleasure now," he said. "I take two or three drags and put the cigarette out. The tacks (staples) worked their way out after about four days, so I don't know if this is psychological or due to the tacks. But I do know that my smoking habit has definitely changed since acupuncture."

According to Dr Smith, acupuncture treatments are given once daily to heroin addicts at Lincoln's Substance Abuse Program, of which he is medical director.

"We use the following criteria in selecting acupuncture points," he wrote in the *American Journal of Acupuncture*. "Symptoms of drug withdrawal, signs and symptoms of any other medical problems, Oriental pulse diagnosis, differences in pain or pressure sensitivity in various acupuncture points, current psychological and social status of the client, visual inspection of different locations in the ear, and traditional acupuncture treatment plans."

In a 1978 *Yale Journal of Biological Medicine* article discussing published scientific reports on acupuncture that relieved drug and alcohol withdrawal symptoms, and treated alcoholics who are "unamenable to conventional methods," author S. J. Liao mentioned the involvement of endorphins, as well as humoral (body fluids) factors.

Placebo effect

LeClair Bissell, MD of Rhode Island's Edgemoor-Newport alcoholism treatment centre, told *The Journal* acupuncture works by stimulating the release of endorphins in the brain. She said daily acupuncture is offered for alcohol, narcotics, and soft drugs withdrawal to residents of the Alcoholism Treatment Service at California's Pomona Valley Community Hospital.

Although Pomona's medical director, Vernelle Fox, told the Utah School of Alcohol Studies last summer that acupuncture is particularly effective for those addicted to pills, Dr Fox is apparently uncertain whether this is primarily a placebo effect.

"Acupuncture does a great number of biochemical things," Dr Smith said. "We've taken blood tests and have tentative results — acupuncture seems to change the white blood count, lipoproteins, and hormone levels, so I wouldn't be surprised if it changed the tissue endorphin level." He finds acupuncture more effective for the alcoholics at his clinic than for the narcotics addicts — although useful for both. He does not use electrical impulses.

Withdrawal

"We have found that the simplified formula for treating withdrawal with certain ear points are of limited value only. By using the formula points in every patient, temporary relief may be obtained; but prolonged improvement only occurs when the points are selected on an individual basis for each patient."

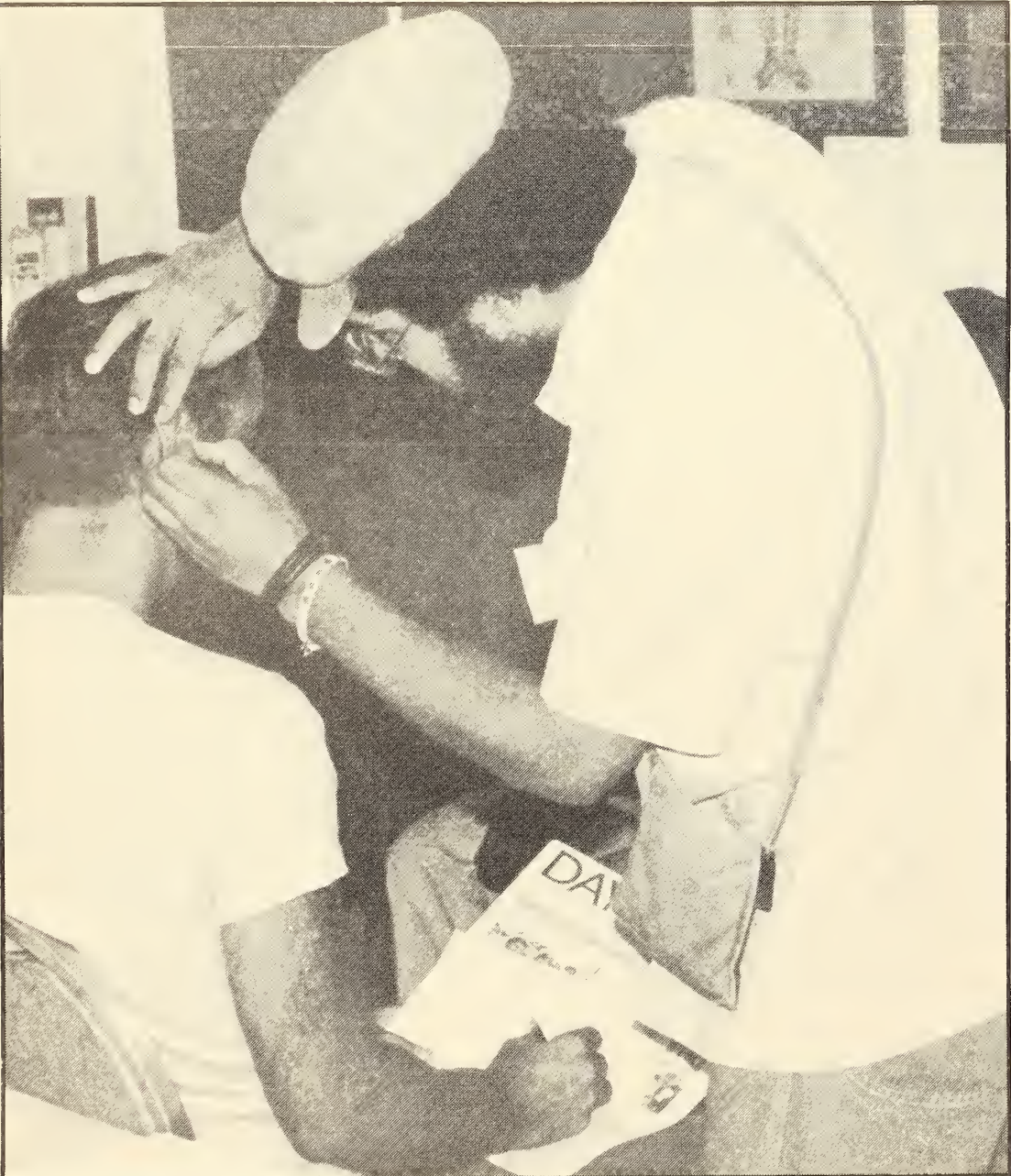
The team at NADC worked too fast to cover thoroughly the above criteria, but no one complained. "I'm here to lose weight," said Dan Lewis, publications manager for the National Council on Alcoholism (NCA). He'd eyed the proceedings from NCA's adjacent exhibit booth for two days before he joined the treatment line, now resembling *The Music Man*'s townsfolk singing: "It could be something special just for me" as the Wells Fargo Wagon arrived.

Contacted in New York City 10 days after his treatment, Lewis said he no longer went back for seconds and had no desire for his two favorite foods: toast and raspberry sherbet. "I feel stuffed after a Scarsdale diet lunch," he said, although he admitted he hadn't yet stepped on the scales to check actual results.

About 20% of the alcoholics at the Lincoln Substance Abuse Program volunteer for acupuncture, take treatment every day for a week, then once every two weeks. "The tremors and insomnia of withdrawal are easily controlled by daily or twice daily treatments," he said. "Craving for liquor is remarkably reduced after one or two treatments."

Jack Kleman of Gateway Rehabilitation Center near Pittsburgh, Pa, was treated at NADC for a weight problem. He told *The Journal* he ate an ordinary dinner that evening, then woke up in the middle of the night "so hungry I almost ate the telephone cord." He had breakfast the next day, but was not hungry for lunch.

Fervently, he said to Dr Smith: "If this works, I'll follow you to the ends of the earth."



Alcoholism, arthritis, headaches, smoking, over-eating — all were problems brought to the acupuncture booth at the NADC conference in Washington. "Smoking is more of a bother than a pleasure now," said one heavy smoker later, eight days into what he hoped was "recovery."



The Journal

Published monthly by Addiction Research Foundation WHO Collaborating Centre for Research and Training on Alcohol and Drug Dependence Problems

Drug company on defensive

Stakes high in diazepam-cancer dispute

By Pat Ohlendorf

TORONTO — A controversial suggestion here that diazepam (Valium) and cancer are linked is likely to be debated hotly for months.

The debate was sparked by Montreal neurophysiologist David F. Horrobin in a presentation of the American Association for the Advancement of Science (AAAS) in January.

Dr Horrobin told an immunology seminar that four weeks after he had injected diazepam into laboratory rats with implanted breast tumors, their cancers tripled in size.

The doses were low, he said.

"The effect occurs at diazepam levels reached in the blood by someone who takes one 5mg tablet three times a day. This is a normal therapeutic dose."

Much is at stake if the claims are proved true, for diazepam is one of the most widely prescribed drugs in the world.

It is also widely prescribed to women with breast cancer, suggests Dr Horrobin, although some

diazepam
diazepam
diazepam
cancer
cancer
cancer

physicians believe this has become less true with increasing emphasis on reducing the amount of psychotropic drugs prescribed.

The day after Dr Horrobin's presentation and release of a 57-page press release, Hoffman-LaRoche, manufacturer of Valium, denied there was evidence for a link between their product

and cancer, and said Dr Horrobin's results "provide no grounds for concern or alarm."

In a telephone interview with *The Journal*, Donald Zarowny, medical director of Hoffman-LaRoche Canada, said: "We are obviously concerned that a product that for 20 years has never been associated with any problems is going to be tarred with this story. I think the physicians who prescribe diazepam and the patients who take it want this cleared up as well."

When contacted by *The Journal*, Dr Zarowny was about to leave for a Hoffman-LaRoche meeting in Europe, at which this issue was one to be discussed.

Dr Horrobin does not believe diazepam causes cancer. Rather, he suggests it (and possibly other benzodiazepines like chlordiazepoxide [Librium]) speeds up the growth rate of existing cancers. And he believes it may also accelerate the effects of car-

cinogenic chemicals and radiation.

While Dr Horrobin's results show that low concentrations of diazepam increase tumor size in rats, the data of Dr Rashida Karmali, a former colleague who independently repeated and confirmed Dr Horrobin's experiments, suggest that high doses of diazepam may decrease tumor size.

Dr Horrobin has stated it is not unusual for certain substances to be more dangerous at low, rather than high, doses.

"It is a truism in the pharmaceutical industry that if one wants to find an anti-cancer drug, a good place to start is with agents that cause cancer," he said.

Hoffman-LaRoche's Dr Zarowny reports that a study by the pharmaceutical company found that rats treated with very high doses of diazepam lived significantly longer than a control group.

(See — Epidemiological — page 2)

Quitters should get tax incentives

US report slams smoking again

By Harvey McConnell

WASHINGTON — Tax deductions by the government and bonuses from employers should be offered as bait for people to give up smoking, a report by United States Surgeon General Julius Richmond recommends.

The report, *Promoting Health, Preventing Disease*, lists a myriad of objectives for the nation in

promoting better health. Two of the major areas assessed were smoking and misuse of alcohol and drugs.

The report pointed out that smoking is the single most important preventable cause of death and disease. Although the share of the population who smoke in the US has declined over the century, it has not been as great among adolescents, especially 17- and 18-year-old girls.

A variety of approaches is needed to discourage young people from smoking, to increase the number of smokers who quit, and to help those who continue to smoke — as far as possible — to do so in a less hazardous way.

The report added, however, that changing to cigarettes with lower tar and nicotine yields "may increase smoking hazards if accompanied by smoking more cigarettes, inhaling more deeply,

or starting smoking earlier in life."

There should be more enforcement of laws prohibiting sales of cigarettes to minors, and state and local laws should be strengthened which establish more non smoking areas in public places and in work places.

Potential new areas of regulation which should be examined are: "Increased disease specific information in advertisements; 'deglamorizing' the visual and printed components of advertising; requiring greater variety of warnings; banning distribution of cigarette samples to minors."

The report said income tax deductions should be offered for smokers who pay for smoking cessation programs, and employers should be encouraged to provide bonuses and other incentives to workers who quit.

In addition, insurance companies should be encouraged to consider the feasibility of offering preferential life or health insurance policies to non smokers.

The military can help by increasing the price of cigarettes at military installations to equal those of the local, off-base prices.

As for alcohol and other drug use, the report said prevention measures should include more general public information programs and more program information targeted to young people.

Information should be provided on medicine labels listing interactions between drugs and alcohol, foods and other drugs, and practical guidance on how to avoid significant interactions.

Scientist Marshman is named chief of Ontario's ARF

TORONTO — A research scientist has become the third chief of Ontario's Addiction Research Foundation since its inception in 1949. She will take up the new post on Sept 1.



ARF's new president, Joan Marshman begins her duties Sept 1.

Joan Marshman succeeds John B. Macdonald, president and chief executive officer since 1976, and H. David Archibald, founder and director until 1976, and currently executive vice-chairman.

Dr Marshman, associate director of the ARF's Clinical Institute since 1979, is a graduate of the University of Toronto. She holds the rank of professor in the Faculty of Pharmacy, U of T, and is a member of the associate staff of the School of Physical and Health Education.

She joined the staff as a research scientist in 1968 and was appointed head of pharmaceutical sciences in 1975 and of chemical research in the Clinical Institute in 1979.

Author of some 30 papers in the scientific literature, many of them on street drugs, she also directed development of

Ontario's first comprehensive plan for an alcoholism treatment/resource system, published in 1978 as the *Marshman Report*.

In addition to holding a large number of posts in research, teaching, and administration in both the ARF and the university, Dr Marshman was president in 1976-77 of the Clinical Institute Staff Organization. In 1976, she was also one of a group of women on staff who formed the Advisory Committee on the Status of Women Employees in the ARF and whose recommendations were published internally.

Dr Marshman is a member of *The Journal's* editorial board.

Outgoing president, Dr Macdonald, agreed in 1976 to serve a five-year term and will leave in September.

Mr Archibald, who has concentrated since 1976 on international matters, will retire in March.

Schweiker's moves hinge on Reagan budget

WASHINGTON — Appointment of Richard Schweiker as United States President Ronald Reagan's secretary of health and human services puts the substance abuse field in a betwixt and between quandary.

On the one hand, the now-retired Pennsylvania senator was seen for many years as one of the most liberal Republican legislators in the upper chamber. On the other, critics claim he now switches his leaning with the prevailing political wind.



Reagan



Schweiker

Mr Schweiker's major brief, if he follows Mr Reagan's lead, will be to cut out the "waste and fraud" in the Medicare and Medicaid programs. It could be a neat balancing act as the perpetrators of the fraud are the health providers, especially doctors, and not the patients.

Who is in the running to head the Alcohol Drug Abuse and Mental health Administration (ADAMHA) is not clear now that Dr Gerald Klerman has returned to Harvard University.

Much of the action Mr Schweiker will take depends on the first Reagan budget and the promised drive to cut government spending. It would be unwise to believe cuts will not be coming. "When" and "How much" are the only questions.

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ADC: temperance, not 'temperance'

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NEWS

Briefly...

LOS ANGELES — "China White" is a new synthetic heroin being made and sold in the West. Nearly 80 times stronger than morphine, it's capable of causing almost instantaneous respiratory arrest, an official of the United States Drug Enforcement Administration has said. The synthetic has been blamed for several recent deaths by overdose or hospital admissions in Orange, Riverside, Monterey, and San Diego counties in California, and in Phoenix, Arizona.

PARIS — Lighter foreign brands are beginning to hold sway over the ubiquitous government-controlled Gauloise and Gitane cigarettes in France, following advertising suggesting smokers of these strong brands face greater health risks. The government's tobacco monopoly, established by Louis XIV, is thus being broken up. Napoleon tightened the monopoly to raise money for his wars. However, the loosening of the government's hold over tobacco trade in France began with the country's entry into the Common Market in the 1970s.

NEW YORK — Wine gave liquor a hard race in sales this past holiday season, according to industry sources in the United States. More gallons of wine were shipped than spirits of all kinds, including bourbon and other whiskies, and gin and vodka. "Spirits are not in terrible trouble, but wines have become the explosive new category of beverage," said W. L. Lyons Brown, Jr., chief executive of Brown-Forman, the 110-year-old Kentucky distiller. However, sales of pop wines, including Annie Greensprings, Boone's Farm, and Thunderbird, have fallen by 40% since 1975.

WINNIPEG — Sixty to 70% of participants in an eight-week course to stop smoking have had at least initial success, reports the program coordinator of the Manitoba Lung Association. The course is free and is offered in schools, community clubs, and YWCAs and YMCAs, using a weaning process that slowly reduces the smoker's blood nicotine level and dependence on cigarettes. The course, first offered last September, now has a waiting list of several hundred people.

TORONTO — Smokers, drinkers, and coffee sippers are all candidates for extra vitamins, New York biochemist Robert J. Benowitz said here recently. He argues that smoking reduces the amount of Vitamin C available in the bloodstream and that the body needs large amounts of B vitamins to metabolize alcohol. Caffeine can increase urine output in some people, which speeds up loss of water-soluble vitamins C and B, he said.

NORML now shooting for legal pot

By Harvey McConnell

WASHINGTON — Legalization, instead of decriminalization, is now the aim of most leaders of the United States National Organization for Reform of Marijuana Laws (NORML).

This was the point driven home by speakers at NORML's 10th anniversary conference here amid admissions that the organization has faltered in the past few years. A number of proposals for restructuring the organization internally were adopted.

At the same time, several delegates suggested NORML should seek coalition with other single interest groups as far apart as organizations supporting abortion and the equal rights amendment, to the National Rifle Association.

Richard Evans, NORML coordinator in Massachusetts, said the issue would soon not be whether marijuana was good or bad "but it

will be what ought to be done about it." This should include legalization, regulation, and policy to bring marijuana under social control "and define its legal role in society."



Mr Evans said that while it may be NORML's 10th birthday, "we don't have a whole hell of a lot to celebrate."

He said the organization should emphasize it does not advocate marijuana use by adolescents. A chief goal should be prevention of irresponsible marijuana use.

Supporters of marijuana use are boxed in on a number of issues, Mr Evans added. "We can't go before parent groups and say 'No, you are wrong, it is harmless.' We can't say it is harmless. No substance is harmless."

Eric Sterling, an assistant counsel for the US House of Representatives judiciary committee, said the loudest voices heard by legislators in the 96th Congress have been those of the parent groups, especially in neighboring Montgomery County, Maryland.

"It is hard to overstate the feelings of the parents groups and the impact they have. They are so very, very concerned about juvenile marijuana use."

Mr Sterling said he feels that in the new 97th Congress much attention will be paid to rumors that guns are being exchanged for drugs in Latin America and in the Golden Crescent area of Asia.

Julie Golden, of the American Civil Liberties Union in Iowa and a NORML official, said she knew before coming to the conference "a lot of the limbs (of NORML) were paralyzed, the blood pressure was low, and I knew we couldn't pay the medical bills. But

we did know that NORML was too good to die."

Ms Golden said NORML "needs a new set of clothes." The organization has been tacky in the last few years "and we have been wearing excess jewelry."

"We are here to legalize and that is the purpose," Ms Golden told the delegates. "I am sorry to step on the toes of you decriminalizers. I think decriminalization is not compatible with our goals and it is not what we should be talking about."

Frank Fioramonti, an assistant attorney general in New York and a NORML official, said the next two or three years should be spent in laying the groundwork for marijuana legalization "in the way we laid the groundwork for decriminalization."

Laying the groundwork for decriminalization took years, with a lot of supporters on the road working on the media and through individual contacts, he said.

Alcoholism—too many questions still unanswered

Treatment at the mercy of research

WASHINGTON — Support of alcohol related research in the United States is disproportionately low relative to the estimated economic impact of excess drinking, a report by the Institute of Medicine of the National Academy of Sciences has decided.

The institute was asked by the National Institute on Alcohol Abuse and Alcoholism to consider the research situation over the next five years. A select committee of scientific experts concluded there must be a greater dollar investment in research.

Cost

The 196-page report points out that research on alcohol is about one-tenth of the amount spent on heart disease or respiratory disease, and one-hundredth the amount spent on cancer research relative to the economic impact of these disorders.

Heart and vascular disease and alcoholism have about the same economic cost to society and both cancer and respiratory disease cost about half as much as alcoholism.

In fiscal year 1979 the total federal support of alcohol related research was about \$55 million, but only \$34 million was earmarked for research in which the primary emphasis was on alcohol related problems.

Research

The report said the alcoholic beverage industry "until recently was not a vigorous supporter of research relative to the abuse of its products." Before Harvard University received a grant of \$5.8 million from Seagram and Son in 1980, the committee found that less than \$300,000 a year was put by industry into research.

The unanswered questions about alcohol abuse and alcoholism are numerous, the report continued.

Improvement

"For instance, why is it that of those who enter into any treatment program, some have long term improvement, some have short term improvement and will relapse within a year, and some

show no improvement at the end of the program?"

It is not understood why some may benefit from a given treatment strategy and some may not, why some alcoholics seek treatment while others do not, and why some alcoholics experience re-

mission without undergoing treatment.

Research is needed on the causes and effects of alcoholism and on other problems related to the abuse of alcohol, to enable the design of effective prevention and treatment programs.

Police get short RIDE, still make spot checks

TORONTO — Solicitor-General Roy McMurtry of Ontario expects to appeal later this month a Supreme Court of Ontario decision that cut short the Christmas campaign of the Metropolitan Toronto police's RIDE program.

RIDE — Reduce Impaired Driving Everywhere in Metropolitan Toronto — uses a system of spot checks and breath tests to remove impaired drivers from the roads.

Mr Justice Anthony Maloney ruled the checks were arbitrary and illegal, upholding the acquittal by a Toronto Provincial Court of a man who had refused a breath test when stopped by RIDE.

RIDE signs were taken off patrol cars late in December but spot checks were still made, at the Solicitor-General's request. Supported by the Ontario Highway Traffic Act, police stopped cars for mechanical fitness spot checks. They asked for breath samples when they thought necessary.

During December, 1,760 drinking-driving charges were laid, as compared to 1,785 in December of 1979. In December 1980 there were 5,968 accidents with 1,202 injured, as opposed to 5,762 accidents and 1,187 injured in December 1979.



(from page 1)

"But," he cautions, "we would not claim on the basis of this evidence that Valium prolongs life. All it suggests is that these systems are so complex that one must be very, very careful about drawing conclusions on the basis of observations." (The diazepam rats, he suggests, may have lived longer because they ate less.)

Dr Horrobin, however, states: "The possibility (that diazepam is a cancer-promoter at therapeutic levels) requires urgent investigation. It is imperative that epidemiological surveys be done."

Since 1979, Dr Horrobin's four applications to the National Cancer Institute of Canada and one application to the Medical

Epidemiological studies a must

Research Council of Canada to fund further research on diazepam have been rejected. He has received no reply to a letter sent to the US National Cancer Institute.

Dr P. G. Schofield, assistant executive director of the National Cancer Institute of Canada, told The Journal that Dr Horrobin's applications had passed through the standard peer review process. He would not explain why reviewers had rejected the applications.

In the meantime, Dr Horrobin says until further studies can be done "it would seem prudent to warn populations who already have cancer or those who are at particular risk of developing (cancer) of the possible implications of tranquilizer use."

Dr Horrobin's research is one of a number of published studies

which, over the past four years, have noted a possible correlation between diazepam and cancer.

Dr Basil Stoll, for example, of St. Thomas's Hospital, London, England, has found that among women with diagnosed breast cancers, those taking tranquilizers were more likely to develop rapid spreading of the cancer than women not on tranquilizers.

Although Dr Stoll originally attributed this finding to anxiety, he has since stated that the actual effects of the drug might be an alternative explanation.

Dr Zarowny of Hoffman-LaRoche Canada, on the other hand, cites published and unpublished studies that indicate no correlation between diazepam and cancer. Two of these studies, he says, are epidemiological surveys.

Dr Horrobin, formerly director

of the Endocrine Pathophysiology Laboratory at the Clinical Research Institute of Montreal, claims he was forced to resign 18 months ago for raising the issue of diazepam and cancer in the press and for publicly criticizing the Canadian funding agencies that had turned down his research applications.

He points out that Jacques Genest, director of the Clinical Research Institute, is on the Board of Directors of Merck, Sharp and Dohme, a major pharmaceutical company.

Telephoned by The Journal, Dr Genest was unavailable for comment, but had told his secretary to reply "no comment" to inquiries from the press.

Dr Horrobin now runs his own research company in Montreal, Primrose Research, Inc.

National advisory board established

First program for deaf alcoholics starts in US

POCASSET, MA — The first comprehensive federally funded program in the United States for deaf people who are alcoholics has opened here with clients from across the country.

Paul Rothfeld, executive director of the Cape Cod alcoholism intervention and rehabilitation unit, said the program provides alcoholics who are deaf with the chance to come to grips with problems associated with both their drinking and their deafness.

The clients, who are housed in a 19-room Victorian mansion, are also able to take part in activities with their peers.

The project aims to accumulate information about the best ways to help deaf people who are alcoholics. Because they are spread across the US, a national advisory board has been set up to establish an effective referral system on both a state and national level.

Starting the project has not been easy, Mr Rothfeld said. The first year before opening was spent in looking for a rare breed: staff who have special skills in alcoholism and deafness. The staff now includes six people who are deaf, two of whom are recovering alcoholics.

Mr Rothfeld said that originally — and naively, as it turned out — it was thought only one interpreter

would be needed because all of the staff would become proficient in sign language.

It soon became obvious that in order to have the deaf clients related to the "hearing" world, interpreters would be needed not only for clients, but also for deaf staff members. The project has three permanent and three temporary interpreters.

Residential and outpatient facilities and program content are similar to traditional alcoholism programs: individual and group therapy, attendance at Alcoholics Anonymous meetings, and vocational and educational planning.

The most significant difference is in the art of communication between staff and clients.

Mr Rothfeld explained: "A deaf person has grown up in a world where language is totally visual and vocabulary is frequently, if not invariably, at a much different level than that of a hearing person with comparable intelligence.

"Staff must be continually aware that the meaning of many, many words may not be evident to deaf people. In using written subject matter, such as AA books and pamphlets, much of the language is not understood by deaf clients." The 12 steps of AA are now being

translated into language more easily understood by the deaf.

Ability in sign language varies enormously among clients, from very proficient to almost nonexistent. One client could lip read with great skill but had no sign language ability.

Staff members have to pay close attention to assessing intelligence, aptitude, and possibly psychiatric problems among clients.

Mr Rothfeld said it is hoped in Massachusetts that eventually outpatient aftercare systems can be devised so that a deaf person who is an alcoholic will continue to receive support when he or she leaves the program here.

Auto industry layoffs squeeze city drug lab

DETROIT — The ripple effect of massive automobile industry layoffs and job cuts here in Motor City has reached the city health department's drug abuse detection laboratory. It's facing budget and staff cuts at the same time as drug abuse itself is on the rise.

"We've noticed this in the past," department spokesman Richard Skonieczny told *The Journal*. "When people are out of work, they tend more to abuse drugs."

He added that the problems his department is facing are reflected elsewhere in North America but to a lesser degree.

The number of urine samples screened by the lab has shot up from an annual rate of about 140,000 to about 165,000.

At the same time, he noted, "a lot of pressure is being put on us by politicians and by directors of drug abuse clinics to screen for more drugs than we are currently

doing. The trouble is that they don't realize the costs involved."

To screen for PCP, or angel dust, the way he would like, he said, could cost the lab about \$400 a month. Since the drug is now only legitimately available from a few small companies, "the cost is horrendous."

Yet samples of the drug, used as a "reference drug" to be compared with drugs in the urine samples, must be obtained in order to carry out the tests properly.

Another problem drug is cocaine, he said. The metabolite needed for a reference drug "is something like \$3000 per gram, and we would go through that in eight months."

At present, the Detroit lab is only testing for morphine, methadone, amphetamines, codeine, and barbiturates.

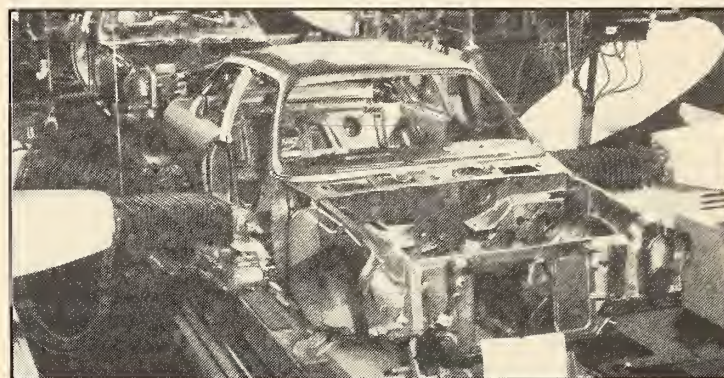
Dr Skonieczny said the Detroit

lab is undoubtedly one of the largest in North America of the non commercial type. The urine samples it screens with thin layer chromatography, he said, are obtained largely from either methadone clinics or drug-free clinics. Other samples come from police, where those they have arrested are believed to be involved in drug abuse.

"In order to test for drugs properly, you must have reference drugs standards that you can compare to and run along with your samples. We also need these reference standards to refine our procedure and make changes so as to be able to detect PCP, for example, in the presence of other drugs. But we haven't been able to afford a sufficient amount in order to be able to do this.

"There are a lot of other things we'd like to do and changes we'd like to make, including checking more drugs," he said, "but right now the entire city is undergoing a budget crunch, and any personnel we've lost through retirements are not being replaced."

The laboratory director said matters could be worse, however,



Slump in Motor City creates fund shortage for health department.

if the lab were not as automated as it is. He said use of a so-called "extube system" in his laboratory has greatly speeded up matters, as well as allowed for more efficient detection of drugs with a smaller sample of urine.

"It allows maybe a 90% or better efficiency, compared to the liquid-liquid method we previously used, where we added chloroform to the urine sample, and then shook it. This was a very sloppy procedure, and it was very easy to spill the samples."

Under the new system, urine is

added to a tube containing absorbent material. The tube has a syringe-like opening on one end, to which a needle can be added, and is open on the other. The urine is retained in the tube, while an organic solvent is used to dissolve the drugs from it, which then flow through the tube and out the exit port and into a collection tube for the particular drug.

This operation, which he described to the American Public Health Association meeting here, saves time and thus money, Dr Skonieczny said.

Alice, the Queen, and Ferguson Jenkins

By
Wayne
Howell



A Cheshire cat, a mad tea party, a lobster that could dance the quadrille: what strange sights Alice had seen since she had followed the mysterious White Rabbit down a hole.

And now she was approaching what appeared to be a courthouse. You can imagine her surprise when she was greeted at the door by the elusive White Rabbit himself, still wearing his waistcoat and gold watch, but now also wearing black barrister's robes.

Playing the role of a genial host, the White Rabbit ushered her into the back of a crowded courtroom where a trial appeared to be in progress. The little lizard named Bill that Alice had met in Chapter IV was in the prisoner's dock, and as Alice entered she heard the prosecutor — who was none other than the frightful Jabberwock himself — informing the court that the miscreant lizard had been apprehended entering Wonderland with narcotics in his valise.

"Throw the book at him," shouted the Mad Hatter, who appeared to be the jury foreman. The Mock Turtle, who was acting as the judge, was about to heave a heavy, leather-bound legal volume at the cringing lizard when Tweedledee and

Tweedledum, who were acting as joint defence counsel, leaped up to protest.

"Your honor," they shouted in unison, "if you throw that book at our client it will not be a miscarriage of justice, it will be a veritable abortion of justice; because, you see, our client is a guitar player in a famous rock band."

"What in heaven's name has that got to do with it?" Alice whispered to the White Rabbit. But before he could reply, the Mock Turtle had banged his gavel and was speaking again.

"According to precedent," said the Mock Turtle, reading from the large legal volume he had been about to heave at the defendant, "the penalty for rock stars convicted of bringing narcotics into Wonderland is (1) a slap on the wrist, and (2) a free rock concert for the deaf."

Alice looked on in disbelief. But not Tweedledee: he was on his feet and addressing the bench.

"Begging your honor's pardon," he said, "but I believe your honor has misread the precedent which, if I am not mistaken, is the case of Keith Richards of the Rolling Stones in Canadian Common Law." The judge adjusted his glasses and squinted at the book.

"My mistake — the penalty is (1) a tap on the wrist, and (2) a free rock concert for the blind," he said.

Alice turned to ask the White Rabbit about this strange place called Canada but her question went unheard because of the general cheering that ensued when the

exultant lizard — now carrying a guitar and wearing a powder blue jump-suit split open to where his navel would be if lizards had navels — was carried triumphantly out of the courtroom on the shoulders of Tweedledee and Tweedledum.

And before she could repeat her question, the judge had banged down his gavel and demanded silence, as the next miscreant was dragged before the bar of Wonderland justice. It was the March Hare that Alice had met at the Mad Hatter's tea party. The March Hare, the Jabberwock gravely informed the court, had been apprehended bringing cocaine into Wonderland.

There was a rustling in the jury box and the judge fingered the heavy legal volume. And no doubt he would have thrown the book at the poor defendant had not his legal counsel, the dormouse, chosen that moment to waken from his slumbers and address the court.

"My client," said the dormouse, "is a professional baseball pitcher who is only 41 games short of the 300 career victories that will enable him to become the first Wonderlander to enter the baseball Hall of Fame."

"Oh well, in that case," said the judge, "I guess we'd better just give him a tap on the wrist." The Mad Hatter was delegated to do the tapping. Alice could contain herself no longer.

"I've never seen anything more ridiculous in my life," she exclaimed in a whisper that was intended for the White

Rabbit's ears only. Unfortunately it reached the ears of the judge who regarded her sternly.

"I'll have you know there is a precedent," he said. "Let's see, yes, here it is: the Queen versus Ferguson Jenkins, pitcher for the Texas Rangers, annals of Canadian Law." Before Alice could recover her composure (what was this place called Canada?) the dormouse was on his feet again.

"Your honor, I think if you examine that precedent you will see that the penalty was not a tap on the wrist: Jenkins was given an absolute discharge, which is no tap at all." The judge pushed his wig back and peered at the legal volume once again.

"My mistake," he said. "Hatter — stay that tap." The Mad Hatter complied, and got the defendant's autograph instead. The jury stood up, stretched, and began to sing Take Me Out to the Ball Game, and the spectators began to file out of the courtroom.

A confused Alice filed out with them and as she did she passed the closed door of another courtroom. When the White Rabbit caught up with her he informed her that this was the courtroom for those who were neither rock stars nor jock stars.

What goes on in there?" asked a curious Alice. She could hear a thump-thump-thumping punctuated every now and then by tiny screams and cries.

"I imagine," said the White Rabbit, "that they are throwing the book at them."

NEWS

'It's time to look where we've been'

NCA — getting down to some hard answers

WASHINGTON — During the next two years Chairman Harold Hughes hopes the National Commission on Alcoholism will find some answers to alcoholism and alcohol-related problems.

"It is time now to look where we've been, where we are, where we ought to go, and, most important, how we might get there," the former senator told the opening session of the 21-member commission.

The commission is authorized by Congress to make a comprehensive two-year study of alcoholism and alcohol-related problems and to submit findings and recom-

mendations to it and the President. Chairman Hughes, former Iowa senator, is author of the Hughes Act, which established the National Institute on Alcohol Abuse and Alcoholism.

Mr Hughes said the commission has a great opportunity "to influence the future direction of a movement that can, literally, save millions of lives over the years."

Some of the areas of study by the commission will include:

- Assessment of unmet treatment and rehabilitation needs of alcoholics and their families.
- Assessment of personnel needs

in the fields of research, treatment, rehabilitation, and prevention.

- Assessment of the integration and financing of alcoholism treatment and rehabilitation into health and social health care services within communities.
- The relationship of alcohol use to aggressive behavior and crime.
- The relationship of alcohol use to family violence.
- The relation of alcoholism to illness, particularly those illnesses with a high stress component, among family members of alcoholics.
- Evaluation of the effectiveness

of prevention programs, including the relevance of alcohol control laws and regulations to alcoholism and alcohol-related problems.

- Surveying unmet research needs in the area of alcoholism and alcohol-related problems.
- Surveying the prevalence of occupational alcoholism and alcohol abuse programs offered by federal contractors.
- Evaluating the needs of special and underserved populations, including American Indians, Alaskan natives, youth, the elderly, women, and the handicapped, and to assess the adequacy of existing services to fulfil such needs.



Harold Hughes: NCA could save "millions."

Decade later, Florida group celebrates smoking victory

By Jean McCann

DETROIT — People who want to breathe clean air — free of tobacco smoke pollution — may well have to get involved in politics.

They should also be prepared for a long haul and some setbacks, Clarence L. Brumback, director of the Palm Beach County Health Department in West Palm Beach, Florida, advised here.

But victory is possible and Dr Brumback reported one: by a three to two vote, Palm Beach County commissioners recently passed an ordinance after almost a decade, prohibiting smoking in public places — restaurants, retail stores, waiting rooms, public conveyances, educational facilities, hospitals, nursing homes, auditoriums, arenas, and meeting rooms.

"This is the first local comprehensive measure in Florida restricting smoking in all public places," he said.

Speaking to the National Association for Public Health Policy, at the American Public Health Association meeting here, Dr



... MAY I MAKE A SUGGESTION?

Brumback recounted the years-long series of efforts to obtain wide community support and drew some tips for others from his own group's success.

- The group leading the campaign must be thoroughly convinced of the importance of the objectives and be prepared for criticism which may become rather personal, he said. "Some individuals consider such campaigns to be quite radical, infringing on personal rights."
- Public support must be demonstrated in a manner which will impress public officials.
- Support of the news media is a vital ingredient in all anti-smoking campaigns, helping to educate and impress the public, as well as elected officials.
- Non smokers tend to be a long-suffering majority who have generally not been very aggressive



Clean air over Palm Beach after citizens won smoking restrictions.

in demanding their rights. They must be persuaded that their involvement is essential to succeed.

- Initial failures should not discourage those who are trying to change public policy. Even these may produce benefits in terms of

publicity and increased visibility of the problems.

Finally, Dr Brumback said: "Negotiation, up to a point, may be necessary. Failure (to negotiate) will result in total inability to achieve results."

Sports officials pay lip service to testing for drug cheats

LONDON — Major sporting officials in Britain are alarmed at the state of drug taking among athletes. The situation will be made public soon by Arnold Beckett, a pioneer in testing for drug cheats.

Prof Beckett, Chelsea College, London, has already told the government-backed sports council of the drug taking he has found in sports. His report will be published early this year.

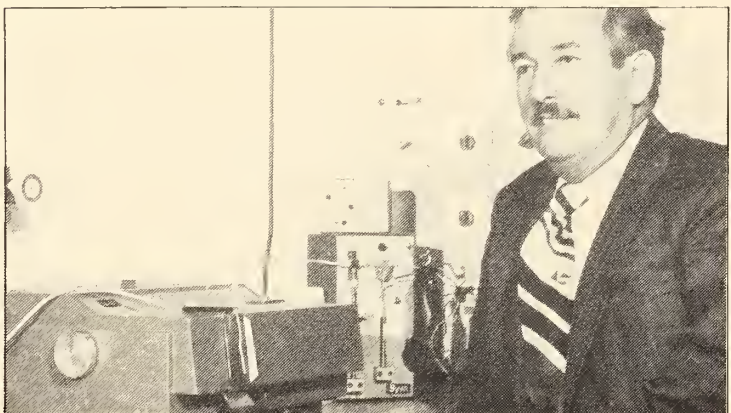
Prof Beckett receives grants from the sports council for his drug testing programs. He said while other European nations are interested in the problem and are establishing testing centres, there is not a single laboratory available for such tests in the United States.

Arthur Gold, a member of the sports council and president of the European Athletic Association, said financial sanctions must be taken against sporting bodies which do not actively pursue drug cheats. Mr Gold has been extremely active in trying to clean up drug cheating among European track and field athletes.

Only six sporting bodies in Britain take advantage of the system whereby the sports council will pay up to 75% of the cost of testing by Prof Beckett and his colleagues. The council is now considering making such tests free.

Mr Gold said he felt many officials in sporting bodies are only paying lip service to the idea of drug testing and drug cheats.

"If we are really serious about making sport healthy and protecting the future of young sportsmen who are tempted to take drugs, then we have got to have random tests to start with," he added.



Arnold Beckett: study will show magnitude of drug taking by athletes.

Traffickers yield \$100 million

WASHINGTON — The United States department of justice by the end of 1980 had turned over \$100 million to the treasury of funds seized from drug traffickers.

Then-Attorney General Benjamin Civiletti said the seizures during the year ran at some \$2 million a week. Much of the money had been taken from banks in Miami.

The seizures of cash assets of convicted traffickers has been made possible by new reporting requirements for banks under the Banks Secrecy Acts.

Relationship deterioration makes for illness Alcoholism cuts networks

By Pat Ohlendorf

TORONTO — The secondary consequences of alcoholism — loss of job, divorce, arrest, and even cirrhosis — may be more the result of loss of support of friends and family than of alcohol abuse itself.

This is one conclusion of Gary S. Hurd following studies of more than 200 alcoholics in Georgia and California.

Professor Hurd, department of psychiatry, Medical College of Georgia, Augusta, was in Toronto for the meeting of the American Association for the Advancement of Science (AAAS).

Intractable

He told *The Journal*: "Alcoholism is as severe and intractable as mental illness. The deterioration of an individual's social network makes for illness and many other problems."

He added that while alcoholics tend to have fewer close relationships with friends and family members than other people, during remission or abstinence their relationships rapidly return to normal.

Bob Hurd and his colleagues, E. M. Pattison, Medical College of Georgia, and Robert Llamas, University of California, are among the growing numbers of social scientists studying "networks" — the family members, friends, acquaintances, and co-workers with whom an individual is in contact.

Normal individuals, most researchers agree, have a nucleus of about six people who are very

close and a larger group of 25 to 30 people who are contacted occasionally.

Although network models are becoming useful in studying marital problems, divorce, mental illness, stress, and access to professional services, Bob Hurd and his coworkers are the first researchers to apply the concept to alcoholism.

Their subjects include alcoholics of different ages, races, and socioeconomic groups, and represent a mix of inpatients and outpatients.

"When a person becomes an alcoholic," says Bob Hurd, "his or her social network becomes smaller. Relationships can't be maintained when you're drunk."

"The first relationships to go are the looser ones — friends — followed by the extended family and finally the nuclear family." Most alcoholics, he observes, seek treatment before the nuclear family goes.

No reciprocity

He views network studies as a useful tool for alcoholism counselors.

"Our information suggests that counsellors should be helping clients as much with their personal relationships as with alcohol abuse."

Preliminary data from Georgia and California indicate alcoholics may have compartmentalized relationships: certain members of the network are used for instrumental help such as loaning money, and others for emotional support, but there is a lack of reciprocity in the relationships.

NEWS AND COMMENT

Focus on Jews' moderation could be undoing

By Lynn Payer

SYRACUSE, NY — Recent campaigns claiming that alcoholism is increasing in the Jewish community may actually encourage Jews to abuse alcohol, suggests a Syracuse University sociologist.

Barry Glassner, writing in the *American Sociological Review* 1980 Vol 45 (August) 647-664 with Bruce Berg, found in a study of Jewish drinking habits that one of the most important control processes is the belief that only non-Jews abuse alcohol.

This "depends upon an assumption in everyday logic which holds that if one's group

lacks a particular attribute, one must also lack that attribute," according to Dr Glassner.

"It depends as well upon a most basic sociological findings: that definitions of situations can structure situations."

The study, which sought to identify those factors that protect Jews against alcoholism in the face of increasing secularization, consisted of in-depth interviews of a scientifically chosen random sample of the Jewish community in an upstate New York city.

The authors admitted that, before doing the study, they believed alcoholism was usually underestimated in the Jewish community. A study 25 years ago of Jewish drinking patterns had indicated

Orthodox religious patterns were important in protecting Jews against alcohol abuse, and predicted that the decline of Orthodoxy would be accompanied by increasing alcohol abuse.

The usual statistic given in recent years is that more than 7% of the adult United States population are alcoholics, compared to less than 1% of the adult Jewish population.

"We were frankly skeptical that Jewish alcohol abuse rates could be so low," the authors admitted, explaining that the interview questions, ostensibly on life-style issues, were structured to include "every technique we could find that would encourage full access to the extent of alcohol abuse in a Jewish community."

"All efforts turned up one unmistakable conclusion," they said. "Jewish alcohol problem rates

in this community are very low. The highest number of alleged Jewish alcoholics reported to us came from a clinician who is dedicated to uncovering such persons. 'There is an alarming problem with alcoholism in the Jewish community,' he insisted. 'I can name five alcoholics for you.'"

The authors of the study hypothesized 50 control processes that might protect against alcohol abuse. To their surprise, they found only three of these were evident in more than a few of the interviews: moderation practices from childhood, a tendency to have as friends either other Jews or non-Jews "who drink like Jews," and elaborate methods to avoid drinking too much.

Of this last, the authors concluded: "Rather than finding rationalizations for drinking, our respondents found rationalizations for not drinking."

The association of alcohol abuse with non-Jews was not included in the original 50 hypotheses but

emerged spontaneously from the interviews.

Fifty-two percent of respondents volunteered the information, even though it was not asked for, that alcohol problems happen to non-Jews. When college-age respondents were excluded, "fully 69% of the remaining sample told us, without any stimulus from the interviewer, that Jews are not problem drinkers."

While such beliefs may help to keep down the number of alcohol abusers in the Jewish community, it may make it harder to treat Jewish alcoholics, providing them the defence of "Since I'm Jewish, I can't be alcoholic."

Together, the authors concluded, the four processes act as social controls that keep people from redefining problems as amenable to relief by means of alcohol, from learning to use alcohol to solve problems, or from rationalizing such use to themselves and others.

Such protective mechanisms appear to be alcohol-specific.

Rx drug abuses pinpointed by mini-DAWN

CONCORD, NH — A statewide "Mini-DAWN" system developed in the past two years in New Hampshire has shown that the most common drug episodes in

hospital emergency rooms involve prescription drugs.

Barry Rhodes, deputy director of the state office of alcohol and drug abuse prevention, said the New Hampshire program involves all hospital emergency rooms in the state as well as crisis centres, drug abuse programs, and mental health centres.

This is the major difference between it and the nationwide DAWN (Drug Abuse Warning Network) system which is confined to metropolitan areas.

Data gathered by the system alerted doctors to the nature and extent of prescription drug

abuse problems; has provided state legislators with significant information on the dual nature of drug and alcohol abuse; and has proven a key element in assigning state treatment slots.

The system allows reports to be gathered on the drug used, the sex and age of the patient, the source of the drug, and the motivation for taking it. It has also demonstrated that people seeking medical treatment for a drug overdose at an emergency room are quite different from those seeking help at treatment facilities.

The majority of patients who experience emergency room

episodes for prescription drug abuse are women.

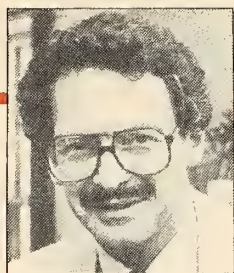
Mr Rhodes said the New Hampshire Medical Society, acting on the "Mini-DAWN" data, has recommended doctors to be on the lookout for women patients whose problems seem related to depression, stress, or anxiety, and to try to refer them to counselling programs in addition to prescribing tranquilizers.

The office of alcohol and drug abuse prevention is devising an educational course for doctors to be taught by a faculty member at Dartmouth School of Medicine on assessment, diagnosis, and treat-

ment for alcohol and drug abuse.

A major way to reduce supplies of prescription drugs is to recruit doctors from medical staffs of a single hospital. Mr Rhodes said: "This should have a major impact on not only the knowledge and sensitivity of the doctors towards the problems, but also an attitude change reflecting more interest in treating those with substance abuse problems."

Mr Rhodes pointed out that with budget cutting both a state and national issue, "it is imperative that the shotgun approach to prevention and education is abandoned."



GILBERT

'...a time for taking stock, and a time for undertaking new ventures.'

The fourth most popular drug

By Richard Gilbert

This is my 25th column, and the beginning of the third year of the column's regular appearance in *The Journal*. It is a time for taking stock, and a time for undertaking new ventures.

The brave people responsible for *The Journal* had the idea, back in 1978, that a regular column of opinion might enhance this publication's ability to deal with controversial issues in the field of alcohol and other drugs. I was given a free hand to write about things that took my fancy, drawing on my experience as a scientist concerned with the mechanics of drug abuse, and as a municipal politician concerned with practical matters of advocacy and compromise in the governance of a large city.

Researching and writing these columns has been a valuable and sobering experience. As a scientist, I rarely need to express a point of view, except as to the adequacy of data to support an often empty conclusion. As a politician, I rarely need to question the adequacy of the data that might bear on the often empty points of view that I find myself expressing. In this column, however, I have had both to make my perspectives clear and to buttress my positions with the most adequate data that are available.

"So what," you might say. "Isn't this a reasonable thing for anyone to do?"

The answer is obviously "yes," but being reasonable is a difficult thing to sustain across many issues, especially when drugs are involved. The discipline of having to write out rationally-derived opinions once a month has enhanced both my science and my politics. The icing on the cake is the response I get to my columns. The calls, letters, and corridor comments that some of my columns have provoked clearly vindicate the editor's decision to introduce and sustain a column of this kind.

It should go without saying that every word in these columns is mine. There is no editorial intrusion, beyond the much appreciated injection of aids to comprehension into the most opaque of my arguments.

Conversely, nothing I write in these columns should ever be taken as representing an official position — not of *The Journal*, not of the Addiction Research Foundation, of Toronto City Council, Toronto's Board of Health, the Toronto Western Hospital — not of any of the benign bodies I am associated with whose critics occasionally delight in malicious attribution.

So far I have confined my coverage to our three most popular drugs. Of the 24 previous columns, two have concerned caffeine, eight have dealt with nicotine or tobacco, and 13 have discussed alcohol — to give the primary focus in each case. The remaining column, my favorite,

concerned our profligate energy consumption, and how drug abuse specialists might help to reduce it (Energy dependence: does science have a cure? — September 1979).

I have stayed with these three drugs simply because I know more about them than, for example, I know about heroin, PCP, or diazepam, and because many more people use them and are interested in them.

When, last November, three people in the space of two days urged me to write a column on marijuana legislation, I began to feel that my deliberate avoidance of this topic should cease and that I should venture into discussion of what appears to be our fourth most popular recreational drug. Two things held me back. One was lack of familiarity with the literature. The other, more important, was complete uncertainty as to what I would write. I had not only avoided writing about marijuana, I had avoided even thinking about it.

The last time I gave the matter any serious attention was in 1972, when the Le Dain Commission made its final report and when a large-scale study of marijuana's effects was being conducted by one of my close colleagues at ARF. I developed the view then that marijuana use was a passing fad and that the swirling debate on marijuana legislation was a storm in a teacup, soon to expire with the fad. I was spectacularly wrong.

Nine years later it is apparent that marijuana is here to stay.

In catching up with some of what has been written about marijuana in the last decade, and in talking informally to my scientific and political colleagues and other friends during the past few weeks, it has become clear to me that the official response to the phenomenon of marijuana use must be based on one indisputable premise: that marijuana is used by a few million Canadians and that there is little that government can do to reduce this prevalence without a profound change in the nature of our society.

I have come to the opinion, which I did not begin with, that the only rational approach to marijuana use is to legalize consumption by adults and to institutionalize the production and sale of marijuana under provincial authority. This was the minority opinion of Le Dain Commission member Marie-Andree Bertrand. I am convinced that it would be the majority opinion of a commission of enquiry into marijuana use if one were established today.

Next month I shall attempt to justify my conclusion about the legalization of marijuana, while taking into account the considerable and growing body of evidence that smoking marijuana can be a hazard to health.

NEWS

Industrial benefits might sway anti-pot legislators

Pro - cannabis groups want more hemp crops

By Sean Milmo

LONDON — Campaigners for the legalizing of cannabis are pressing for a big expansion in the amount of hemp grown in the European Economic Community for industrial purposes.

The EEC currently subsidizes the growing of hemp by paying

farmers a subsidy based on the amount of land cultivated with the crop. The legal conditions under which the hemp is grown are set by the individual governments, which then apply to the EEC for the subsidy.

At present only farmers in France and Italy receive the subsidy. In most other EEC countries, anti-cannabis legislation is so

strict that hemp growing is virtually impossible.

Pro-cannabis campaigners believe that by publicizing the benefits of hemp to industry, particularly paper and textile manufacturers, they can force EEC governments to take what they regard as a more sensible attitude to cannabis legislation.

They argue that international agreements on cannabis legislation make provision for industrial uses. But in the United Kingdom, for example, the law does not allow such an exemption. Growers have to apply to the Home Secretary (Interior Minister) for a special licence. Last year the only farmer to apply for a licence was turned down.

"We would like to see hemp grown here for industrial purposes," said Meagan Doolittle, coordinator of the UK's Legalise Cannabis Campaign. "It would show people just what cannabis is about and remove some of the myths about the plant."

Writing in the *New Scientist* magazine, two prominent British

pro-cannabis campaigners, Tim Malyon and Anthony Henman, commented: "British farmers might justifiably be annoyed at being threatened with a 14-year jail sentence for growing a plant, generously subsidised by the EEC on the continent, from which their French neighbours are making good money."

Messrs Malyon and Henman suggest that the EEC countries where hemp is not grown commercially should follow the example of France by relaxing restrictions on its cultivation.

French growers must have a guaranteed outlet for their crop and must obtain seeds — all with a negligible content of the psychoactive ingredient THC — from the official hemp growers association, Federation Nationale des Producteurs de Chanvre (FNPC).

About 8,000 hectares a year in France are now used to cultivate hemp, for which the growers received an EEC subsidy of 1405 francs (\$310) per hectare in 1979. Besides the attraction of the sub-

sidy, farmers find hemp useful as a rotation crop whose deep roots break up the soil and eliminate weeds.

Most of the French output goes to a cigarette paper company in Toulouse and a factory at Quimperlé, owned by De Mauduit, a subsidiary of Kimberly-Clark of the United States. Each plant pays about 435 francs per tonne for dried hemp stalks from which fibres are extracted to make high quality paper and board.

The British paper manufacturers, Robert Fletcher & Sons, part of the giant Imperial group, import raw hemp fibres from France. The company is thought to be financing research at Manchester University's Department of Paper Science into hemp's potential as a paper ingredient.

In Italy and France small quantities of locally-grown hemp are used to make hard-wearing cloth and rope. But generally throughout the EEC, hemp fibre for textiles is imported from eastern European countries, where labor costs are lower.

A good press
for hemp
could help
shape
pro-cannabis
legislation in
EEC
countries,
believe
legalization of
marijuana
proponents.



Healthy mates play big role in addict recovery

By Pat Ohlendorf

TORONTO — "Behind every cleaned-up junkie, there's a good old lady," a former heroin addict once commented to anthropologist Barbara Lex of Harvard Medical School and McLean Hospital, Belmont, Massachusetts.

That remark neatly sums up the researcher's own impressions after an eight-month intensive study of six heroin couples.

Her study also suggests that behind every ex-addict is a useful role to fill — if not in society, then in the home.

"The abstinent men really pitched in around the house — taking responsibility for the children, cleaning, doing laundry, even baking bread," reports Dr Lex, "because their mates happened to be pursuing practical courses in higher education."

Continuing users, however, had more traditional roles and thus did little inside the home or outside, as they were unemployed.

"It also looks like heroin has a function in sex," says Dr Lex. "When the mate of an addict reports she uses heroin for 'recreation,' she may really mean she

takes it to enhance sexual contact."

This observation, says the researcher, is in keeping with the direction of research on sex and drugs at the Haight-Ashbury Free Medical Clinic in San Francisco and supports the common impression that it is "very difficult to clean up a couple."

Dr Lex's subjects, drawn from the Boston metropolitan area, were couples in which the male was a present or past heroin addict, had been addicted for at least two years, and had experienced at least two failed treatment attempts. The couples had been together for six months or more, all had children, and all of the men had felony records.

They fell into two groups: active heroin addicts paired with addicted or "recreational" users and former addicts (abstinent for about two years) paired with women who had never used heroin and disapproved of its use.

"In fact," says Dr Lex, "the second group of women made it clear to their mates that they would detach themselves from the relationship if heroin use was resumed."

In addition, the three mates of the addicts were depressive (one had attempted suicide), while the mates of the abstinent men were goal-oriented and all received a "low, stable income" (welfare).

Dr Lex observes that non-user mates seem to encourage abstinence in ex-addicts while users tend to encourage continuing addiction in their mates.

In future research she hopes to pursue the possible effects of

traditional and non-traditional household roles on drug behavior.

Because of the small number of subjects in the study, cautions Dr Lex, her findings may not generalize to a larger group.

"Anthropologists use small samples and study in detail," she says. "We raise questions that can be answered by broader studies with a multi-disciplinary approach."

"But by studying people in their own communities and family settings," she continues, "we are able to see different and more natural types of behaviors than other researchers can observe in a hospital or an office."

Dr Lex was the author of a paper presented at the annual meeting here of the American Association for the Advancement of Science. She was unable to attend and was interviewed by telephone.

Alcoholism recovery homes save province money, study says

By Donald Gregory Bastian

TORONTO — Three-quarter way houses are inexpensive and efficient and more administrators of alcoholism recovery homes should consider annexing such facilities to their own.

These are among Milton Schwartztruber's conclusions following a cost benefits study of alcoholism recovery homes in Ontario.

In his written report for the Alcoholism Recovery Homes Association of Ontario, he also says that recovery homes are clearly cost efficient — the 15 he studied, out of a total of 41 in Ontario, saved the province a total of \$119,725 in one year, by his estimate.

Discussing the "handful of three-quarter way houses" now operating in London, Kitchener, Hamilton, and Thunder Bay, he told *The Journal*:

"The members of these houses pay their own way but eat their meals with the others in the alcoholism recovery home," he said.

"They get continued (emotional) support to stay away from alcohol but we no longer collect a provincial per diem fee for them. They're less likely than those who come out of the recovery, home directly to need further provincial services, also, so the whole three-quarter way house

concept is inexpensive and efficient," said Mr Schwartztruber, who directs the Quinton Warner House, an alcoholism recovery home in London.

His study of the 15 recovery homes covered 210 individuals who received a total of 4,459 weeks of care for an average of 21 weeks.

The study compared figures in seven categories for clients' experiences before and after recovery home treatment, including number of weeks the client was in hospital, number of times in court, and number of weeks employed.

After estimating the costs of the programs and services to the

province, he subtracted cost of care in the recovery homes from the cost of services used.

His conclusion: the 15 recovery homes reported on saved the province a total of \$119,725 in one year.

Mr Schwartztruber also says the study "should provide strong incentive for the alcohol detoxification program in the province because the detoxes are the funneling station sending people out to services, and it seems that the majority of the services are cost efficient."

"To short-circuit that program would be to short-circuit the rest of the system."

Ex-addicts isolated

TORONTO — The friends and families of addicts, and society as a whole, must learn to view drug addiction with far less stigma, says Harvard anthropologist Barbara Lex.

"The reality is that in our society some people use drugs," Dr Lex told *The Journal*. "As users, they seem to lose their perspective on societal values. When they are arrested, they become so demoralized by the arrest, by the abrupt detoxification, or both, that they often do nothing about protecting their legal status."

As a result, "they're stuck with a felony on their records that is impossible to remove,

even though it was a drug-related offence. This is eternally damning to ex-addicts. There's simply no way to shed that stigma."

Even when addicts become abstinent, they often find it impossible to get jobs she said.

"There ought to be some way for these men to be reintegrated into society. The present situation encourages them to pair up with women on welfare."

Counsellors, Dr Lex recommends, should concentrate on helping addicts to find useful roles and should attend to the social and familial contexts of addicts' lives, rather than dealing with them in isolation.

NB consumption up 8.47%

FREDERICTON — New Brunswickers maintained their form of recent years by racking up yet another new record for the total consumption of alcoholic beverages in the fiscal year ended March 31, 1980.

The annual report of the NB Liquor Corporation shows that in 1979-80 the 65 government stores and the central warehouse sold \$125,411,840 of beer, wines, and spirits, an increase of 8.47%.

The consumption of individuals kept pace, for based on population of 680,000 people, per capita

purchases totalled \$184.43 — 8.46% up from the \$170.04 of the previous year.

Beer remained the favorite beverage of New Brunswickers. At sales of \$63,933,692 it accounted for 50.98% of the total. Spirits claimed 40.57% with sales of \$50,879,237. Wines, where the Corporation says it is experiencing "considerable growth in sales volume," accounted for 8.45%, or \$10,598,911 of the total.

For the second consecutive year beer marginally increased its market share, while spirits again slipped slightly.

ALEXANDER THE GREAT WAS HE AN ALCOHOLIC?



Miniature
kantharos,
a vessel Alexander
might have used for
wine or water.



By Lynn Payer

NEW YORK, NY — Alexander the Great was an alcoholic and it's not surprising considering the Macedonian culture he lived in, a Queens College historian claims.

"Of the 43 symptoms of alcoholism described by Jellinek in 1952," John Maxwell O'Brien told *The Journal* in a telephone interview, "historical sources indicate Alexander had over half. He looks very much like the gamma alcoholic later described by Jellinek."

Dr O'Brien, an assistant professor of history, said it is well known that Alexander's personality underwent a change in the seven years prior to his death at age 33. While various hypotheses have been offered, including Alexander's orientalization, "there is no other explanation, besides alcoholism, for which there is empirical evidence in the sources."

Reports of Alexander's last days, claims Dr O'Brien, sound like a modern textbook description of advanced alcoholism.

Dr O'Brien, who is currently working on a book, *The Private Wars of Alexander the Great*, published a first study, documenting his thesis that Alexander was an alcoholic, in the *Annals of Scholarship*, Summer 1980, Vol 1, No 3. He will soon publish a sociocultural explanation of factors that may have contributed to Alexander's

drinking in the same publication.

But while Dr O'Brien says the first article has been well received by scholars and experts in alcoholism, it has offended many Greeks. Some have accused Dr O'Brien of timing his report to coincide with an exhibition on Alexander currently touring the United States and Canada.

Professor Manolis Andronikos of Salonica University, who two years ago unearthed the tomb of King Philip II, Alexander's father, was quoted in the *New York Times* (October 14, 1980) as saying:

"It is a popular saying that civilizations only develop where there are vineyards, and common sense that you can't achieve much under the influence of Coca-Cola. Yes, these Macedonian leaders were men, not children, and were stimulated by good drinking. But I doubt that an alcoholic could reach the Himalayas, as Alexander did."

A spokesman for the press and information office of the Greek consulate in New York said that although it was possible that Dr O'Brien was right, "we think he needs a lot more evidence. It is hard to believe that someone who accomplished so much, in such a short period of time, could be an alcoholic."

Besides references that Alexander was "too fond of wine,"

and that he often drank all night and slept all day, Dr O'Brien offered several specific examples of Alexander's behavior consistent with alcoholism:

- In 330 BC, Alexander, after having drunk a large amount of wine, led his followers in burning the royal palace of Persepolis. According to sources, as soon as sleep had restored his senses, he regretted what he had done.
- In 328, at Samarkand, also after having been drinking, he killed one of his most loyal bodyguards. Realizing what he had done, he instantly tried to kill himself and refused all food and drink for three days.
- Alexander narrowly escaped assassination at the hands of his royal pages by staying longer at a drinking bout than they had anticipated.
- Alexander's best friend and alter ego, Hephaestion, died in 324 after consuming a half gallon of chilled wine at breakfast against his doctor's orders.
- The last three weeks of Alexander's own life were marked by spectacular drinking, in which he was unable to stop until physically incapacitated. While the actual cause of death might have been pleurisy or malaria complicated by alcoholism, "it may have been the drinking itself that killed him," suggested Dr O'Brien.

In his soon-to-be-published

second paper, in which he develops a sociocultural model of factors relating to Alexander's drinking, Dr O'Brien admits no one can explain why Alexander responded to alcohol the way he did. "But we can state with certainty that he drank excessively in a society that stressed alcohol's positive dimensions."

"A drinker like Alexander would be labelled criminal in modern Saudi Arabia, intolerable in Calvin's Geneva, and disreputable in Periclean Athens. Yet Alexander's drinking (although excessive even by Macedonian standards) becomes credible within the context of his personal background and society."

Alexander's mother, Dr O'Brien points out, was a follower of the cult of Dionysus and his father, in the words of Demosthenes, "a sponge." Alexander himself, king at 20 years of age, beardless, of less than normal height, and defensive about his sexual proclivities, had reasons to want to show he could drink "like a man."

The literature read by Alexander contained about 3.5 positive references to alcohol for every negative one, Dr O'Brien said. He pointed out this contrasts with the Old Testament, where positive and negative references were found to be about equal in a study he

did with Dr Sheldon C. Seller of Queen college.

And while in the ancient world abstainers were viewed with suspicion, Macedonians placed even more stress on competitive drinking than many other ancient cultures.

"Although Athenians were not so temperate as admirers of Hellenic culture would have us believe," wrote Dr O'Brien, there were legal and social sanctions against drunkenness in Athens. And Athenians tended to cut their wine with water, a practice clearly intended to discourage drunkenness.

The Macedonians, however, as characterized by Ehippus, "never understood how to drink in moderation" and drank so much at the beginning of a feast that they were drunk by the time the first courses were served and never, in consequence, enjoyed their food.

Alexander himself was particularly suspicious of abstainers, and with position and success contingent on being favored by the king, probably created a situation where it became necessary to consume alcohol in huge amounts to succeed.

"It was perhaps parallel to some corporate practices today," said Dr O'Brien. He also sees parallels between Irish-American and Macedonian drinking practices.

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A monthly report for professionals on developments, issues, and events of national and international significance in the field of alcohol and other drugs.

Editor... Letters to the Editor... Letters to the Editor...

Findings still inconclusive despite wealth of data

Views on women, alcohol need discussion

I wish to reply to the letter (*The Journal*, Jan) from Jessica Hill, Barbara Naegele, and Marilyn Keddy of the Health Promotion Directorate, Health and Welfare Canada, regarding my article *Women and alcohol: Current knowledge and persisting myths*, published in *The Journal*, Feb, 1980.

To begin, the differences between our respective viewpoints have been exaggerated.

I did not claim, as they imply, that the experience of alcoholism among women and social attitudes toward alcoholic women are un-

related to the roles that women perform in our society addition. Clearly they are.

I did not mention cross-addiction among women, but I am aware that women who receive treatment for alcoholism are more likely than men to be addicted to psychoactive drugs as well.

I did not say heavy drinking has not increased among some groups of women. In fact, I stressed it has increased markedly in recent years among both women and men, although the rates of increase do not appear to differ appreciably.

Finally, I did not say women are receiving appropriate treatment. I did suggest they may not be as under-represented in treatment populations as has been claimed, because their help-seeking patterns differ substantially from those of men.

The only two issues on which we clearly disagree are the sex ratio for alcoholism and the stigmatization of alcoholic women.

The 3:1 sex ratio which I reported is a "best estimate" based on a careful analysis of data from several sources — surveys, mortality and morbidity statistics,

and treatment facilities — some of which take into account sex differences in body weight and composition (see Chapter 3 in O.J. Kalant, ed., *Alcohol and Drug Problems in Women*, Volume 5 of *Research Advances in Alcohol and Drug Problems*, Plenum, 1980).

The 1:1 sex ratio (1.4:1 in the teaching package to which the writers refer) is not based on "much of the same hard data" that I used, but on a particular interpretation of the lognormal curve for the distribution of consumption of alcohol. To my knowledge, no other types of data support this estimate.

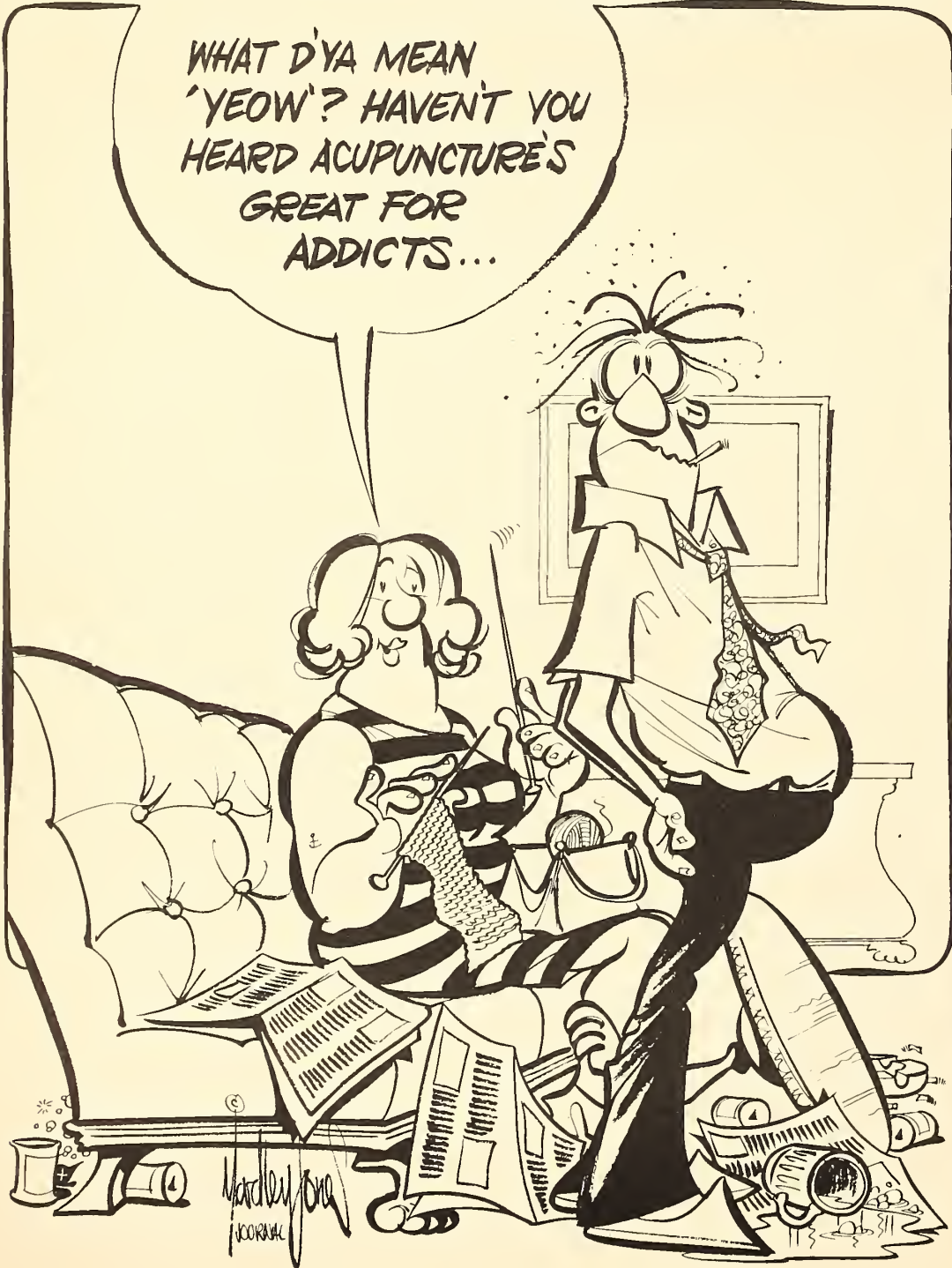
Furthermore, to suggest women drink as much as men do but remain undetected is to resurrect Pollak's theory of masked deviance among women, now generally discounted. It is also to completely ignore the existence of differential norms for drinking behavior in our society that include prescriptions for heavy drinking among certain groups of men but not women.

The claim that alcoholic women are stigmatized more than their male counterparts is used to explain the failure of many alcoholic women to seek treatment. Drunken behavior among women does appear to be subject to greater censure. It is not clear, however, that this double standard applies to the condition of alcoholism itself and that this discourages women from seeking treatment more than men. It should be noted that most men also fail to seek treatment.

Although there is a wealth of clinical data on alcoholic women, epidemiological findings are still scanty and often inconclusive. This discussion points out the need for continued research on sex differences in drinking behaviors. Indeed, some important research projects on this topic are planned or underway. These may well provide more conclusive information that can be incorporated in teaching packages such as that distributed in Canada by the Directorate.

In the meantime, the credibility of those of us concerned with prevention and treatment can only be enhanced by free discussion of the issues and a willingness to examine critically current knowledge and beliefs about women and alcohol.

Roberta G. Ferrence
Addiction Research Foundation
Ontario



More letters appear on page 9.

Editor's Note... Carruthers moves on

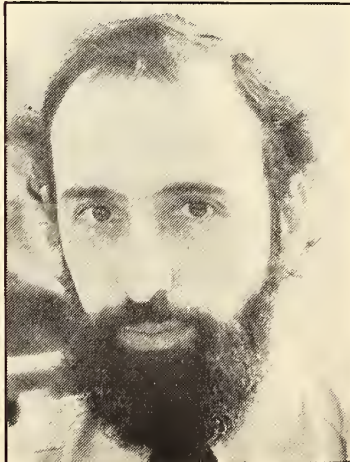
TORONTO — Jeff Carruthers, Ottawa-based contributing editor for *The Journal* since Dec, 1978 and a correspondent since its inception in 1972, has become a policy advisor in the new Canadianization Branch of the federal

Ministry of Energy, Mines, and Resources.

One of Canada's leading science reporters, Mr Carruthers has written since the late 1960s on science and energy for the *Ottawa Journal*, the *Toronto Globe & Mail*, and the FP newspaper chain. He has also published and edited *Canadian Energy Newsletter* and *Orders in Council* and appeared frequently on CBC Radio and Television, notably on the *As It Happens* radio program which is broadcast around the world.

In his new job, Mr Carruthers is one of a six-person team whose task is to make sure all parts of the new energy policy announced in the federal budget are working together toward 50% Canadian ownership of energy resources and industry.

The Journal, and indeed the journalism community in Canada, is sad to lose Mr Carruthers but wishes him success in his new work.



Carruthers new policy advisor in energy ministry.

UPDATE AND LETTERS

Five-year study of drug treaties projected

World drug controls come under UN scrutiny

TORONTO — A revamping of the worldwide drug control system is likely to begin this week when the United Nations Commission on Narcotic Drugs meets in Vienna.

The stimulus is a report by an international committee of experts who met in Toronto last September to study the UN treaty on psychotropic substances (hallucinogens, amphetamines, barbiturates, and tranquilizers).

If the week in Vienna proceeds as the authors of the report expect — and several of them sit on the Commission — a five-year working group will be appointed to take a hard look at the two UN treaties that aim at controlling hazardous drugs — the 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances.

'Harmonizing'

By 1986 the two treaties should either be strengthened by amendments or combined into one.

"Harmonizing" the two treaties is the first and major recommendation of the committee of experts. As the report states: "The expressions 'narcotic drugs' and 'psychotropic substances' are in many cases misleading and contradictory in the two Conventions . . . Cannabis appears in the 'Narcotics' convention although THC is in the 'Psychotropic' convention. Coca leaf and cocaine are listed among the 'narcotics' although they have no obvious narcotic effects. In the long run it is impossible to maintain a legal terminology which is in conflict with the medical and pharmaceutical professional literature and everyday parlance and does not represent any useful classification as to dependence-producing potential."

Combining the two treaties would please the many developing and consuming nations who believe the psychotropic convention is ineffectual as long as six of the 10 producing nations have not

'The problem of control is balancing the dangers with the benefits.' — Reports by Pat Ohlendorf

ratified it. Merging would, in effect, force the producers to be as concerned about the export of psychotropics as they are about the import of narcotics (*The Journal*, Oct 1980.)

But the Toronto report does not stop there. "In the meantime," says the Addiction Research Foundation's David Archibald, who convened the September meeting, "while we're trying to determine whether the two treaties should be drawn together, a lot of things can be done to strengthen the existing psychotropic treaty."

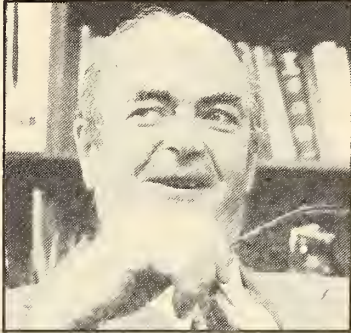
Further recommendations include: preparing public relations packages for countries that have not yet signed the treaty; simplifying drug scheduling and control measures; developing guidelines for physicians on prescribing the drugs; controlling the intermediate chemicals used in illicit

manufacture of certain psychotropics; paying more attention to the social and cultural reasons for the abuse of these substances; and encouraging national programs in treatment, rehabilitation, and public education.

"There's no doubt the psychoactive drugs have done an enormous amount of good," says Mr

Archibald. "The problem in controlling them is to try to balance the dangers with the benefits and then to make a judgment."

Ten years ago, the UN Commission on Narcotic Drugs recognized the special problems posed by the psychotropics by creating a separate treaty. However, to date only 67 nations have ratified it,



Smith, Archibald: by 1986, strengthened controls.

compared with 115 signatories to the narcotics treaty. The reasons detailed by the Toronto report, include ambiguous scheduling of drugs, complicated methods of control, and expensive paperwork.

Says Donald Smith of Health and Welfare Canada, member of the September experts' group and the Canadian observer at the UN Commission:

Reforms

"It isn't at all unusual for international treaties to undergo revisions and amendments.

"The whole system of international treaties dealing with narcotics and now psychotropic substances has always been subject to revision in the light of changes in technology and changes in the abuse patterns."

Whether the eventual result of this week's meeting in Vienna will be one new treaty or two stronger ones, experts hope that in the next five years more nations will become party to the Psychotropic Convention and will initiate reforms within their own borders.

Mere existence of treaty helpful

TORONTO — Given that the wheels for creating treaties grind slowly and that patterns in drug abuse can change quickly, a natural question is whether an international treaty can have any impact on drug abuse.

The problems presented by psychotropic drugs are as staggering as those posed by narcotics. Many physicians, swamped by the ever-increasing number of psychotropic drugs on the market, over-prescribe or prescribe carelessly; patients mix barbiturates with alcohol or with other drugs, sometimes with disastrous results; shipments of tranquilizers are often diverted from legal pharmaceutical companies and "dumped" in developing countries under false labels; and the illegal manufacture of amphetamines, PCP, and LSD is in full bloom.

But, says Donald Smith of Health and Welfare Canada, the 1971 United Nations Convention on Psychotropic Substances has "helped to raise the consciousness of the world" and some inroads have been made. Canada, for example, has cut its consumption of prescribed amphetamines from 100 to 2 kilograms per year, and Britain has

reduced barbiturate consumption through physician education.

Although a treaty is only as effective as the national law of its member states, its very existence can exert moral pressure. The recent report of an international committee of experts who studied the Psychotropic Convention reads: "Failure to ratify the Convention on the part of a country which exports unwanted drugs may generate reprisals or, at the least, ill-feeling between the countries involved." And, on the other hand: "Ratification of the Convention may enhance a country's national reputation for cooperative action in the international sphere."

As David Archibald, convenor of the committee of experts, implies, an international treaty represents an ideal: "Every doctor would have full knowledge of the effects of every psychoactive drug and at the same time would move with considerable caution. That would be the ideal.

"But with the range of new drugs it's enormously difficult for physicians even to begin to keep up. So you have to strive toward an ideal while you're aware that you're not going to reach it."

Editor... Letters to the Editor... Letters to the Editor...

Facts should be given to public first

'Hold up on pot law changes'

I just finished reading the lengthy Canadian Cannabis Control Policy in *The Journal* (Nov 1980). As a practicing pediatrician who is greatly concerned about the health hazards due to marijuana, I implore the Canadian Legislation not to change the present cannabis laws, until the general public has been given the chance to learn about the long range effects of this drug.

Most marijuana users are totally ignorant of the scientific facts, and I am convinced from my observations that, if made aware of them through educational programs, many would consider other alternatives. The number of true addicts is still rather small.

By relaxing the laws, the drug won't get less toxic to the brain and other systems, nor will it be

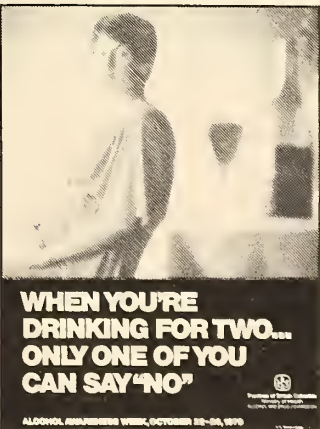
less available. The general public, and youth especially, are influenced greatly by public policy and media message. For most, decriminalization would mean endorsing the drug.

I believe strongly that with intensive efforts by parents, schools, and media, we can still turn the tide back and prevent marijuana from being accepted as the "third recreational" drug. The United States is spending by now \$45 billion in social costs to let every citizen set his own consumption level of alcohol in a given year, and \$25 billion a year to afford the same privilege of tobacco. In the next few decades it will become a question of survival. It's unlikely that countries where mind-altering drugs are used by the majority of the work force, in-

tellectuals, and even the leaders, will be able to compete with countries where drugs are virtually unknown. If the present drug abuse trend continues, we will soon acquire an unmanageable number of emotionally, intellectually, and socially handicapped young people, unable to function effectively, if at all, in an increasingly complex, and demanding world.

This worry has been raised on many occasions by Lee Dogoloff, Adviser on Drug Policy, The White House, and others. The question remains, can we and do we want to sustain as a productive, creative, industrialized, and intellectual society? Let the people decide this, but let them know the facts first.

Ingrid L. Lanter, MD
Willoughby, Ohio



BC poster: 'awareness'

For some reason, I have only just seen *The Journal* of October 1980.

I was interested to read what various areas are say-

ing about alcohol and pregnancy. For your interest, enclosed is a poster we used last year for an "awareness" campaign. Along with a TV spot with a similar message, this proved to be one of the most effective messages we have put out: "When you're drinking for two . . . only one of you can say 'No'."

Carol Roberts
Acting Director
Information Services
Vancouver, B.C.

Letters to the Editor may be sent to The Editor, 33 Russell Street, Toronto, Ontario, Canada, M5S 2S1.

INTERNATIONAL

Govt, cigarette industry reach agreement

Tobacco advertising revamped in UK

By Alan Massam

LONDON — The British government has, after protracted negotiations, reached agreement with the tobacco industry on how promotion and advertising should be restricted in the public health interest.

The agreement, announced by Health Secretary Patrick Jenkin, is due to run for 20 months. Mr Jenkin stressed it would leave the House of Commons free to decide on any necessary legislation at the end of that period.

- Main points of the agreement:
- A 30% reduction in cigarette poster advertising with no posters advertising cigarettes to be placed near schools or playgrounds.
 - New, more varied health warnings to go on cigarette packets and posters.
 - New restrictions to be imposed

on cigarette promotion aimed at young people and on promotional offers generally.

- An intensification of the program to reduce tar yields of cigarettes.

The new agreement follows an earlier one with the tobacco industry signed in 1977. All the terms of the previous agreement remain operative.

Mr Jenkin told the House of Commons that cigarette posters were the most obtrusive form of advertising and that expenditure on them by the tobacco industry was running at more than £20 million annually. In the year ending July 31, 1982, this type of expenditure was expected to be cut to 70% of the 1979-80 level.

There would also be no more advertising on television of tobacco goods with the same brand name as cigarette brands.

Promotional offers would be

confined to adult smokers. Unaddressed and anonymously addressed mail deliveries of offers would be ruled out.

Mr Jenkin said: "On product modifications we obviously need to press ahead with reducing tar yields. The recommendations of the Independent Scientific Committee on Smoking and Health have been taken into account and the industry have now undertaken in a supplementary agreement to reduce the tar yields of cigarettes to an average of 15 milligrams by the end of 1983. The present average tar yield is about 16½ milligrams.

"I did not find a satisfactory basis for a major agreement extending beyond the summer of 1982. I have made it clear to the industry that the House must be free to continue to express its view on smoking and initiate such action as it might see fit. But I have indicated to the industry that I can give no undertaking on behalf of the government to obstruct legislation in the meantime.

"All I have said is that I would seek to persuade the House not to implement any legislation during the currency of the main agreement, that is, before the end of July 1982."

Mr Jenkin pointed out that this two-year agreement actually now has only one year and eight months to run, which, he said, "provides in itself an advance along the road to reducing the toll of disease and death from smoking while leaving the House free thereafter to take further steps as

may be thought appropriate."

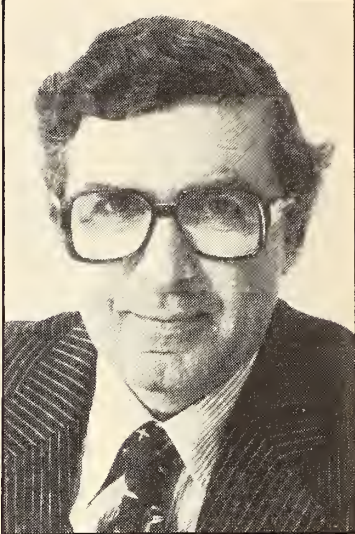
Mr Jenkin's announcement will not satisfy the most energetic campaigners against tobacco industry promotions who have been calling for a total ban on all tobacco advertising except at the point of sale.

Just before his statement in the House of Commons, the Conference of Medical Royal Colleges and their Faculties in the United Kingdom issued the medical establishment's strongest statement yet on the health hazards of smoking.

It said: "Representing as we do all the Royal Colleges related to medical practice in this country, we are putting before you (Mr Jenkin) our most urgent appeal that the Government should accept that the scale of ill health and death from smoking is so great and the manufacturers' resistance to action so determined, that only . . . legislation will provide Government with any real chance of success.

"The only way we can be sure of protecting the health of future generations is by achieving a reduction in sales of cigarettes. It is quite clear that the manufacturers will never voluntarily agree to this and that the only option left to the Government is to legislate."

This letter to the Secretary of State for Health directly followed publication of a survey by the Royal College of Physicians' pressure group ASH (Action on Smoking and Health) claiming that 63% of British adults were now in favor of a ban on cigarette advertising.



Jenkin: cigarette posters most obtrusive form of advertising.

But the survey, conducted by Gallup, also revealed a remarkable gap in public education. Most people were found to believe that road accidents caused more deaths than smoking-related diseases.

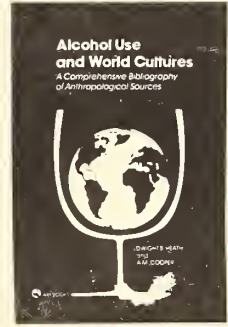
Director of ASH David Simpson pointed out that when asked to choose which of several causes was responsible for most deaths per year, 57% of those polled chose road accidents while only 16% were aware that smoking is the single biggest preventable cause of premature death in Britain today.

"In fact, smoking is responsible for between seven and 14 times as many deaths as road accidents every year," Mr Simpson said. "Especially disturbing is the fact that it was the youngest age group, the 16- to 24-year-olds, that showed the least awareness of the risks of smoking.

"This result shows a tragic state of affairs. Seductive cigarette advertising and packaging has hopelessly misled people into thinking of smoking as far less dangerous than it really is. An effective health warning covering most of the cigarette pack is urgently needed."

Mr Simpson added that the number of premature deaths from traffic accidents in Britain every year was between 6,000 and 7,000, while the number of smoking-related deaths estimated by the country's health departments was about 50,000 per year. Dr N. Wald of the University of Oxford put the figure at closer to 95,000 per year.

New Annotated Bibliography



Alcohol Use and World Cultures

by Dwight B. Heath and A.M. Cooper

The wide variety of roles that alcoholic beverages play in the lives of people throughout the world is reflected in the writings of anthropologists, travellers, historians, classicists, and others.

This bibliography contains an up-to-date list of most of the sources that deal with alcohol in a socio-cultural perspective, throughout time and place, and provides easier and more comprehensive access to these large, diverse, and widely scattered materials. Coverage is intentionally broad and ranges from prehistory to mid-1978. No area of the world has been ignored. Not only are tribal and peasant peoples represented, but also non-Western civilizations. Not only are classical and other ancient peoples included, but also our contemporaries.

Books, monographs, chapters from books, and articles, mostly in English, comprise the bulk of the items that are cited.

This volume will make it easier for people to learn more about what is known about patterns of beliefs and behavior with respect to alcoholic beverages among the many and diverse cultures of the world.

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Following are the actual wordings of the cigarette warnings:

All warnings begin with the words: DANGER: HM Government Health Departments' WARNING. Alternative remaining words are:

For Packets

- A. Cigarettes can seriously damage your health.
- B. Smoking may cost you more than money.
- C. The more you smoke, the more you risk your health.

For Advertisements

- A. Cigarettes can seriously damage your health.
- B. Think first — most doctors don't smoke.
- C. Think about the health risks before smoking.

The intention is that each of the three different warnings will be printed on one-third of the packs of every brand at any one time, beginning on major brands in February 1981, other brands to follow as quickly as is feasible.

The warnings on advertisements will be changed periodically.

Underage drinking on increase in Britain

LONDON — Repeated warnings of field workers about the increase in underage drinking have been entirely borne out by latest statistics issued by the British Home Office.

They show there has been a 10% increase in the number of drunkenness offences and that 18-year-olds have demonstrated the highest increase.

Home Office Minister Timothy Raison said after the statistics were released that the number of 17-year-olds found guilty during 1979 in England and Wales was 4,079, which was 60% of the figure for the 18-year-old group.

The number of 15-year-olds and under found guilty of drunkenness offences was about 400.

"This total is small, but very much higher than ought to be acceptable," Mr Raison said. "A worrying figure is that in this age group the proportion of girls is higher than that of women and girls of all ages. The proportion of youngsters

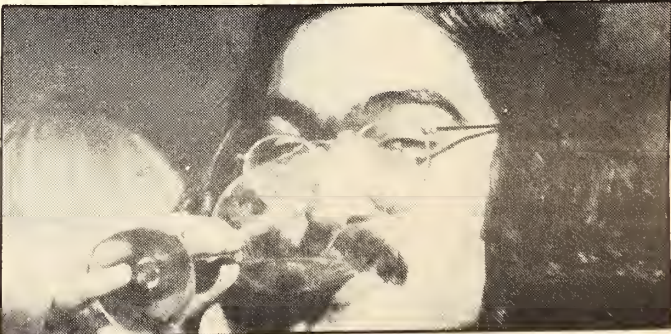
found guilty of offences of aggravated drunkenness is also a worrying feature.

"For all ages this proportion is a little over half. For the younger age groups, however, particularly for 18-year-olds, but also for those under 18, the proportion is about three quarters."

A study by the Office of Population Censuses and Surveys showed that drinking was starting at a much younger age

than in the past. In interviews with 18- to 25-year-olds, it was found they admitted starting to drink when they were 16, whereas older age groups said they had started drinking at age 20.

The minister concluded control depended very much on the good sense and judgment of publicans and the management of off licences (where drink can be purchased for consumption off the premises).



Youth and alcohol: latest figures show a 10% jump in number of drunk 18-year-olds.

MD's electro-acupuncture method softens drug withdrawal

By Alan Massam

LONDON — The chance discovery by a Chinese neurosurgeon eight years ago that electro-acupuncture analgesia relieved craving during withdrawal from heroin addiction may develop into a key component in the treatment of addictions.

The technique has been developed by one of the neurosurgeon's colleagues at the time, Margaret A. Patterson, and has become the basis of a promising treatment regime she is practising with counselling support from her husband, George, at a newly-established clinic in South-east England.

Feeling of warmth—

Dr Patterson, a Fellow of the Royal College of Surgeons of Edinburgh, said that after her Chinese colleague, Dr Wen, was told by his addict patients that electro-acupuncture analgesia relieved their craving for heroin, known addicts were offered the treatment specifically for their drug dependence.

It was found that only 10 to 15 minutes after electro-stimulation via the ears was started, symptoms began to diminish. The patient's eyes and nose became dry, while aching, shivering, and abdominal pains decreased, breathing became regular, and there was an overall feeling of warmth and relaxation.

The addicts often fell asleep during treatment and on waking felt refreshed, hungry, communicative, and alert. By the tenth day of treatment they claimed their craving for heroin had been eliminated.

When Dr Patterson and her husband shortly afterward returned to the UK from Hong Kong, where she had worked with Dr Wen, she set up an addiction treatment service in Harley Street.

Within 15 months of the Hong

Kong and London trials, she decided acupuncture needles were unnecessary because an adequate electric stimulus could be delivered through blunt surface electrodes attached to the skin. Thus the risks implicit in skin puncture were removed.

"At that point I altered the terminology for the treatment from electro-acupuncture to neuro-electric therapy or NET," she said.

"The treatment has radically changed since our days in Hong Kong.

"The first thing I found when I came home here was that the Europeans couldn't stand the pain of the acupuncture needle. The Chinese are a very stoical race. So my first step was to incorporate a very, very small needle into an ear clip. This was almost completely painless and could be used as an electrode."

She subsequently discovered that patients whose skin had not been punctured benefited as much from the treatment as those who had, so the blunt skin electrodes, also in the form of an ear clip, were substituted.

Then, after one patient developed sore ears, it was found that if the electrode was placed on the mastoid bone, behind the ear, treatment benefit was, if anything, enhanced rather than reduced.

Craving reduced—

And because Dr Patterson believed that the frequency and type of current applied to the electrodes were of great significance, improved devices were substituted for delivering the electrical stimulus.

A machine was produced to her own personal specification with a frequency range of from one to two thousand cycles per second and various wave forms.

It was tried almost immediately on a Ritalin addict and after one hour's treatment removed his

craving for 18 hours — the first time he had experienced such relief since he had become addicted.

"This confirmed my ideas that I must have a wide selection of currents to deal with different types of addiction," Dr Patterson said.

Then an addict taking very large doses of heroin fell asleep while receiving treatment and was left undisturbed with the electrodes *in situ*. It was found when she awoke the following morning the customary craving for heroin was absent.

"This was my next important stage — to try to get the patients to sleep with the electrodes on," Dr Patterson said.

She went on: "We are detoxifying and I don't really think detoxification has been known before. Before, it has just been slow withdrawal or substitution with other drugs.

Temptation—

"Most of the patients who come to me have had up to 12 treatments elsewhere without success and I think that is basically because when they have finished that treatment they are still feeling dysphoric.

"They are not feeling really well and they know that with one shot they will start feeling really well again. The temptation is too great.

"The worst part of the dysphoria is not being able to sleep. We know that for a heroin addict it takes about two months for the normal sleep pattern to be restored, for the methadone addict about three months, and for the barbiturate addict about four months.

"So the fact my patients get their normal sleep pattern back — without any drugs — somewhere between the third and the ninth night is highly significant.

"And the other significant factor, although it is very hard to

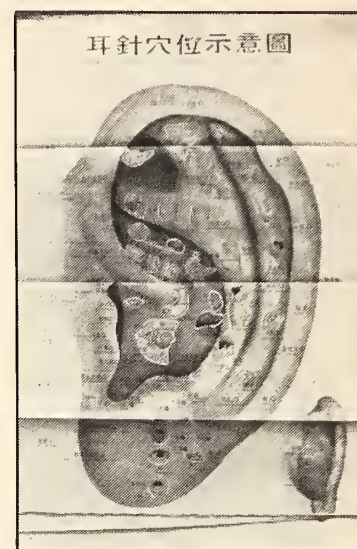
understand why, is that they have no craving. Quite often their craving is diminished or gone before the sleep pattern comes back, so they don't appear to be related.

"I think an association of ideas can trigger off a psychological craving and this is why we feel it is very important for the addicts not to go back to their old surroundings."

Emptiness—

Dr Patterson said counselling of patients begins on the third or fourth day of treatment and, ideally, an alcohol addict should stay for 20 days after successful withdrawal and a drug addict 30 days.

On the eighth or ninth day of treatment, she said, it has been found that the addict often recognises the emptiness and poverty of his existence.



Acupuncture points: "treatment has changed radically."

*Pharmakon Clinics, Broadhurst Manor, Horsted Keynes, Sussex RH177BG Tel: Sharpthorne (0342) 810333.

Follow up with prosecutions

Kenya and Greece outlaw public smoking

By Thomas Land

GENEVA — Invoking the United Nations' global campaign against smoking, two important tobacco producing countries have made smoking in public places an offence punishable by heavy fines.

Governments elsewhere are taking less drastic, but increas-

ingly stringent, measures to discourage smoking, says the UN's World Health Organization (WHO) here, which is responsible for the campaign. It regards smoking as "probably one of the largest preventable causes of death and ill health."

Laws banning smoking in public places have been passed in Greece and Kenya, both of them tobacco exporters intending to persuade their farmers to switch to alternative crops in the long term. Sceptics in both countries wondering how the ban might be enforced got their surprise answer recently when the police made token arrests, followed by prosecutions.

Greece produces about 120,000 tons of tobacco a year, exporting roughly half of it and earning an annual foreign exchange income of \$250m from the crop. According to Greek official statistics, about one in 10 deaths in the country is premature and the result of an illness caused or exacerbated by smoking.

Like many other developing countries, Kenya entered the tobacco trade in a big way relatively recently. The growth of

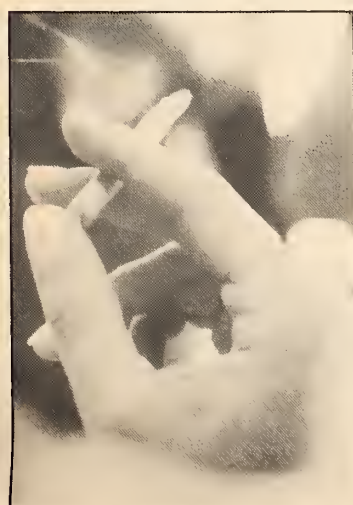
the business contributed to a dramatic increase in domestic tobacco consumption by 53% during a five-year period ended in 1977; and the incidence of smoking-related disease increased proportionately.

By contrast, Greece has achieved a 4% drop in the number of smokers and a corresponding decline in the total domestic tobacco consumption. The difference, in fact, reflects a global pattern.

WHO explains: "The present increase in smoking menaces people in the developing countries who are the prime targets of promotional drives by the cigarette manufacturers."

Halfdan Mahler, the WHO director general, says that in the poor countries "smoking could become one of tomorrow's major health hazards." He calls for sustained efforts to reinforce educational programs concerned with tobacco, particularly for groups most at risk ... such as young people.

Both Greece and Kenya have launched aggressive public education programs to back their legislative curbs on smoking.



... one of tomorrow's major health hazards for poor."

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NEWS

NB children are targets of LSD, PCP traffic

John Carroll reports

'It's a dirty, vicious game'

MONCTON — New Brunswick's two largest cities are facing an upsurge in illegal drug use, with younger children the target of the traffickers.

In Moncton the main problem is PCP pills, now being pushed in the city's elementary schools. And RCMP have described the streets

of Saint John as being awash with LSD.

In both cities police are appealing to parents and other adults to watch for signs of drug use. They say it is essential that street names for illicit drugs, especially those used for LSD, become household words to parents so they can become aware of what their children may be using.

Both Saint John RCMP and Moncton City police have a common policy: they want the traffickers and are willing to treat in the strictest confidence any information given them regarding

trafficking or suspected traffickers.

In both cities they are cautioning that the two drugs that are the main problems — PCP in Moncton and LSD in Saint John — are of uncertain strength. The unpredictability of the doses is such that in some cases death or permanent injury could result.

Viscious

Police are handicapped in combatting the trafficking since it is impossible for them to insert undercover operatives into school populations.

Moncton city police drug unit officer-in-charge Corporal Mike Boudreau said traffickers are pushing PCP among schoolchildren because they can't sell it to older and more experienced people. He said they are aware of the problems it caused in the 1960s

and the early 1970s.

"Juveniles are not educated enough to know about it, and that's why people are trying to sell it to them. If they can't sell it to the older people, they sell it to the kids. It's a dirty, vicious game."

There is some LSD circulating in Moncton, but it is far from being the problem faced by Saint John authorities. Moncton police sources say that marijuana in various forms is available, but the incidence is termed normal.

Uppers and downers are also in use, but again the police view is that usage is at a normal incidence of illegal circulation. During the past summer there was some small inflow of so-called magic mushrooms, the source being Prince Edward Island where they grow in the wild.

There is street talk of cocaine being available, but as yet the availability is unconfirmed. Police say there is no heroin use or trade.

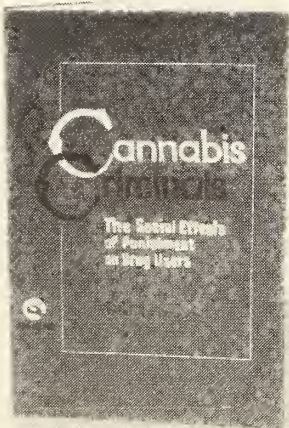
The emergence of PCP in the elementary schools is the main worry of the Moncton police. Corporal Boudreau said a 14-year-old had recently been apprehended in possession of 60 "hits" which "he was trafficking for a known trafficker." The drug unit officer said juveniles were being used to do the pushing.

The drugs come from Toronto, Montreal, and Halifax, having been manufactured in the "underground labs by organized drug traders," Corporal Boudreau said.

Illegal

Police are finding that the main supply of illegal drugs is being held outside the city, with only limited quantities brought in at any one time. "When we do make an arrest, we get maybe a pound of marijuana instead of the 20-pound lot," Corporal Boudreau said.

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CBC drama tells the woeful tale of woman's double-addiction

By Rhonda Birenbaum

TORONTO — A new television production from the Canadian Broadcasting Corporation has successfully combined the bitter-sweet tale of a woman's alcoholic fall from grace with a moral message about addiction, and come up with intense drama.

The three-part series, "You've Come a Long Way, Katie," was aired in Canada January 4, 5, 6. Although fictional, the film drama starring Lally Cadeau is based on intensive research using the facilities of the Addiction Research Foundation of Ontario (ARF) and the Donwood Institute in Toronto, and Ottawa's Amethyst Women's Addiction Centre.

Jeannine Locke, producer of the series, spent six months in research (much of it at the ARF with Penny Parnell and Dr Helen Annis) and writing episodes one and three. Jay Telfer, the writer of episode two, is himself a graduate of the program at the Donwood Institute.

Ms Locke, whose background is in documentary writing, said she



Lally Cadeau as the troubled Katie: "No easy cure."

was preoccupied with accuracy and authenticity throughout the production. "It's hard not to take seriously the problems of addiction when on location," she told **The Journal**.

Since double addiction is a problem more prevalent to women than men, Ms Locke chose a woman for her story. Katie, she explained, is the model of a modern, cross-addicted woman. She is based on dozens of case histories and interviews with real, addicted women.

"Through the characters of Katie, her family, and her associates and what they experience, we have tried to provide insights into

a problem that touches virtually every Canadian neighborhood," said Ms Locke.

"While being careful to demonstrate the effectiveness of treatment, we have also been at pains to make plain that there is no quick and easy cure."

Many a woeful tale of afflicted alcoholics has been told before, but this one tells it with candor and detail.

Dr R. Gordon Bell, founder of the Donwood Institute, said the series "will make a significant contribution to public understanding of the special hazards of a combined dependence on alcohol and sedative drugs."

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DEPARTMENT

Projections

The following selected evaluations of audio-visual materials have been made by the Audio Visual Assessment Group of the Addiction Research Foundation of Ontario. The ratings are based on a six point scale. For further information, contact Jenny Cafiso, coordinator of the group, at (416) 595-6150.

Smoking: The Unconscious Act

Number: 403.

Subject Heading: Smoking.

Details: 15 minutes; 16mm; color.

Synopsis: A reporter is shown smoking almost continuously during all of his daily activities, while having breakfast, when working, at home, when he is on the phone. Finally, he realizes that he is smoking automatically, without thinking about it; smoking has become an "unconscious act." When he decides to quit smoking, he first tries to avoid the "automatic" cigarettes, by substituting alternatives, such as chewing gum or playing with a toy. He also starts to exercise, and with the help of his friends he is able to reduce his smoking.

General Evaluation: Good to very good (4.5). This is a contemporary, informative film which portrays a realistic situation and has a clear message. It is a good teaching aid, offering suggestions on how to quit smoking. General broadcast and ARF purchase were recommended.

Recommended Use: Likely to benefit any audience 12 years of age and older.

Angel Dust

Projection Number: 417.

Subject Heading: Drug use; drugs and youth.

Year: 1980.

Details: 25 minutes; 16mm or video cassette; color.

Synopsis: In this documentary film, interviews with PCP users, as well as with professionals, help to identify the factors that lead to the use of PCP and its effects. Jack, one of those interviewed, says that he takes PCP regularly to relax, believing that the drug does not harm him. In a subsequent scene, however, he watches a film of himself taken

while he was under the influence of the drug, and is surprised to see how he had been affected. Other users speak of their motivations for using the drug and of its adverse effects. A physician discusses the dangers of the drug. The importance of looking at the problems that lead people to use PCP is emphasized and alternative ways of dealing with these problems are suggested.

General Evaluation: Fair (3.3). This contemporary film received moderate ratings in all categories. Recommended Use: Angel Dust was judged likely to benefit audiences of 12 years and older.

Alcohol In My Land

Projection Number: 404.

Subject Heading: Alcohol and alcoholism; overview; youth and alcohol; alcohol and the Inuit.

Details: 28 minutes; 16mm; color — available in the Inuit or English language version.

Synopsis: The lives of the Inuit people have been radically transformed by many factors, one of them being alcohol. In Frobisher Bay teenagers are seen drinking at the Saturday night dance, families are being broken up by alcohol, residents have been arrested, a few have died. The cases of Dave and Paul, two young men, serve to illustrate the problem. Paul has been charged for supplying liquor to someone under 16; he is now on probation and very careful not to abuse alcohol. He is concerned about his friend Dave who drinks too much. The two boys attend an alcohol study group where they learn how alcohol affects the body, and they listen to the older people speak of how alcohol has disrupted their own lives, those of their families, and of their people.

General Evaluation: Good (3.8). This is a contemporary film which, while considered informative, received moderate ratings in all other categories.

Recommended Use: Likely to benefit audiences 12 years of age or older, and in particular Inuit audiences. The A/V assessment group, however, had reservations about assessing this film as it felt neither knowledgeable about conditions within Inuit communities nor competent to judge how the intended target audience would respond to the film.

Our Wonderful Body: Medicines, Drugs, And Poisons

Projection Number: 416.

Subject Heading: Drugs: pharmacology; drug use; etiology and epidemiology; drug use and youth.

Details: 9½ minutes; 16mm; color.

Synopsis: Precautions to be taken against the misuse of medicines, drugs, and poisons are suggested in this film. Different chemicals can have varied and sometimes serious effects on our bodies, therefore it is important to use them properly. Warnings and instructions on labels should be read carefully and the doctor's prescriptions should be followed. The film also discusses drugs such as caffeine, alcohol, tobacco, and other drugs which are taken to change the way we feel. The viewer is also warned against poisons such as household cleaners; suggestions for proper storage and use are given.

General Evaluation: Good (4.0).

✳ The Journal prints only a selection of the reviews prepared by the Audio/Visual Assessment Group each month.

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PROJECTION

This contemporary and informative film has a clear message and is a good teaching aid. Public broadcast was recommended.

Recommended Use: Intended for or likely to benefit audiences 12 years of age or younger.

What Time Is It Now? (Re-reviewed)

Projection Number: 34.

Subject Heading: Youth and Alcohol; archival.

Details: 15 minutes; 16mm; color.

Synopsis: This film attempts to answer the question — when is one

old enough to be allowed to drink? It explores four reasons why young people drink: (1) to be accepted, (2) to seem grown up, (3) to forget problems, and (4) to lower inhibitions. Some of the effects of alcohol on behavior are discussed. Alcohol impairs the drinker's learned skills, such as driving. The responsibility of each individual is in deciding whether, when, and how much to drink.

General evaluation: Poor (2.1). This film was judged to be well-produced but no longer contemporary or likely to affect alcohol use decisions.

Recommended Use: Archives.

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DEPARTMENT

New Books

by RON HALL

Currents In Alcoholism
Volume VII: Recent
Advances In Research
And Treatment

... edited by Marc Galanter
Grune and Stratton

This book is intended as reference for both the clinician and investigator who wish to capture the most recent developments in the field of alcoholism, in their immediate area of expertise and in allied work. It is divided into three sections: biomedical issues, psychological and treatment issues, and social and demographic issues. Each section is preceded by an overview and is divided into two or three parts. The result is an integration of preclinical issues in an interdisciplinary context. Chapters cover the Fetal Alcohol Syndrome; metabolic investigations; diagnosis; psychological issues including thought disorder in alcoholics and psychological factors in the etiology and treatment of alcoholism; treatment and outcome; social issues including screening for alcohol problems among the unemployed, alcoholism and alcohol abuse among regular marijuana users, and the relationship of changing alcohol availability to acute and chronic social and

health problems. Chapters are also devoted to women in alcoholism and the alcoholic's family.

(Academic Press Canada Limited,
55 Barber Green Road, Don Mills,
Ontario, M3C 2A1, 1980. 565p.
\$62.40.)

Drugs, Kids, And
Schools: Practical
Strategies For
Educators And Other
Concerned Adults

... by Diane Jane Tessler

This book is intended to provide resources and strategies to help educators cope with children involved with substance abuse. The chapters are based on interviews with drug users, former users, and nonusers; knowledgeable individuals in the field of drug abuse and drug education; and anonymous questionnaires administered to more than 500 junior high and high school students from diverse socio-economic backgrounds. The first four chapters include background information and perspectives in the drug abuse research field. Part 1 contains 43 separate theoretical overviews, one for each of the theories or perspectives. A theory is viewed as something which addressed at

least several of the following topics: (1) why people begin taking drugs, (2) why people maintain their drug-taking behaviors, (3) how or why drug-taking behavior escalates to abuse, (4) why or how people stop taking drugs, and (5) what accounts for the re-starting of the drug dependence behavior or cycle once stopped. The chapters in Part 2 refer to the five components of a theory: initiation, continuation, transition, cessation, and relapse. This reference volume could be read straight through; one could read a particular theory overview in Part 1 immediately followed by the corresponding sections in Part 2; or one may wish to focus on a specific theoretical component of interest in Part 2 followed by selective reading of appropriate overview material in Part 1. A series of guides facilitates cross-theory comparisons.

(National Institute on Drug Abuse,
5600 Fishers Lane, Rockville, MD
20857, 1980. 529p.)

Haunted Inheritance

... by Lucy Barry Robe

Intended for young people, this mystery story cleverly introduces facts about alcohol and alcoholism while retaining reader interest. The setting is a mansion, where relatives must live together for three months to be eligible for the inheritance. Their individual stories unfold as they compete for what they believe to be a fortune. The fast-moving story presents

alcoholism as a disease and Alcoholics Anonymous as the treatment.

(CompCare Publications, PO Box
27777, Minneapolis, MN 55427,
1980. 160p. \$5.95.)

Pastoral Care In
Schools And Colleges
With Specific
References To Health
Education And Drugs,
Alcohol And Smoking

... by Kenneth David and James
Cowley

In this book, the authors discuss basic facts and views on counselling and pastoral care in schools and colleges and the way in which health education — with particular attention to smoking, alcohol, and drugs — can be linked with such care. It is intended for teachers holding pastoral appointments and for those working as teacher-social workers or teacher-counsellors, as well as for teachers who 'counsel' young people in the widest sense of the word. Sections are devoted to problems associated with drugs, alcohol, and tobacco, chemically-related counselling situations, prescribed and over-the-counter drugs, smoking, alcohol, and illicit drugs. Drinking habits of parents are also discussed.

(Edward Arnold (Publishers) Ltd,
41 Bedford Square, London, WC1B
3DQ, 1980. 149p. £3.25).

Other Books

Animal Models In Alcohol Research ... Eriksson, K., Sinclair, J. D. and Kiianmaa, K. (Jt eds), Academic Press, London, 1980. Based on the proceedings of an International Conference held June 4-8, 1979 in Helsinki, Finland. Specially selected animal strains in modelling human alcohol phenomena. Animal models of alcoholism and alcohol drinking. The effects of acute and chronic alcohol administration in humans and animals. The detrimental effects of chronic alcohol intake in humans and animals. Alcohol metabolism in humans and animals. Index. 496p.

Twelve Is Too Old — Mann, Peggy, Doubleday, New York, 1980. A younger sister's experience with PCP-laced marijuana. 139p.

Employee Assistance Programs: Philosophy, Theory And Practice — Shain, Martin and Groeneveld, Judith, Lexington, Toronto, 1980. A reconceptualization of programs and their evaluation. Studies of EAPs in industrial communities, smaller businesses, and corporate executives. Alcoholism and drug use in workplaces. Early identification of problem employees. Auxiliary and alternative strategies. Appendices include: EAPs as conflict-avoiding devices and the influence of arbitral decisions on their development by Shain and Walden; Key-elements interview questionnaire. Index, references. Context and rationale; practice. 236p.

Dealing With Alcoholism In The Workplace — Weiss, R. M., The Conference Board in Canada, Ottawa, 1980. This report is designed to provide systematic analysis of the relationship, if any, between corporate attitudes, objectives, program structure, government and union involvement — and results. (Report No 784). 59p. \$15.

Currents In Alcoholism, Vol 7: Recent Advances In Research And Treatment — Galanter, Marc (ed), Grune and Stratton, New York, 1980. Includes selected papers from the Tenth Medical-Scientific Forum sponsored by NCA, AMA on Alcoholism, and Research Society on Alcoholism held April 30-May 2, 1979, Washington, DC.

Alcohol And The Black Community: Exploratory Studies of Selected Issues — Dawkins, Marvin P., Century Twenty-One, Saratoga, Ca, 1980. Research issues; social issues; policy issues; conclusion. Bibliography, appendix. 109p. \$9.

Prescribing Practice And Drug Usage — Mapes, Roy, Croom Helm, London, 1980. These essays, with references, examine some of the social processes involved in the various activities of drug treatment. Included is a section on prescribing of tranquillizers and other psychotropics. Index. 217p.

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Owlbert continues his stories about Stanley the Wonkel. Far away, in Wonkel Land, the sinister Gorkel plots to meet Stanley on earth, and to lure him into drinking something that's not good for him. Stanley hesitates, and the children rush in just in time to save him.

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DEPARTMENT

Coming Events

Canada

Annual Convention of the Ontario Psychological Association — Feb 12-14, Toronto, Ontario. Information: Dr Hy Day, Ontario Psychological Association, 1407 Yonge Street, Suite 402, Toronto, Ont M4T 1Y7.

Detox Training Program (Non-Medical) — Feb 23-27, Toronto, Ontario. Information: Gord Gooding, Detox & Rehab. Programs, Addiction Research Foundation, 33 Russell St, Toronto, Ont M5S 2S1.

Working Through in Psychoanalysis and Psychotherapy, 2nd Midwest Regional Psychoanalytic Meeting — Feb 28, Toronto, Ontario. Information: Midwest Regional Meeting, c/o Continuing Medical Education, Faculty of Medicine, University of Toronto, Room 245, FitzGerald Building, Toronto, Ont M5S 1A8.

4th Annual Scientific Meeting of the Canadian College of Neuropsychopharmacology — April 23-25, Toronto, Ontario. Information: Dr Jerry J. Warsh, Clarke Institute of Psychiatry, 250 College Street, Toronto, Ont M5T 1R8.

Smoking or Health in the 80s — May 28, 1981, Toronto, Ontario. Information: Mrs M. Nefsky, Secretary to the Planning Committee, Smoking or Health in the 80s, Second Floor, 7 Overlea Boulevard, Toronto, Ont M4H 1A8.

8th Biennial Conference of the Canadian Guidance and Counseling Association — June 2-5, 1981, Calgary, Alberta. Information: Canadian Guidance and Counseling Association, Faculty of Education, University of Calgary, 2500 University Drive, Calgary, Alta T2N 1N4.

58th Annual Meeting of the Canadian Paediatric Society — June 26-30, 1981, Winnipeg, Manitoba. Information: CPS, Sherbrooke, Que J1H 5N4.

15th Canadian Addictions Foundation Conference — July 7-10, St John's, Newfoundland. Information: Vernon Lang, Canadian Addictions Foundation, Suite 1100, 251 Laurier West, Ottawa, Canada.

Input 81 4th Biennial Canadian Conference on Employee Assistance Programmes — Oct 4-8, Ottawa, Ontario. Information: Kathryn A. Barber, Co-Chairperson and Input 81 Headquarters, Associate Director, Conference and Seminar Services, Humber College, Box 1900, Rexdale, Ont M9W 5L7.

United States

Polydrug Abuse and the Phencyclidines — Feb 12-13, 1981, Los Angeles, California. Information: Gloria Kaufman, Health Sciences, UCLA Extension, PO Box 24901, Los Angeles, CA 90024.

Issues of Sexuality in Alcoholism Counseling — Feb 12-14. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Basic Workshop on Chemical

Dependency and the Family — Feb 16-20, Minneapolis, MN. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Treatment for Alcohol/Drug Dependent Persons: An Out-patient Approach — Feb 18-20. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Workshop on Chemical Dependency and Adolescents — Mar 1-6, Apr 12-17, 1981, Minneapolis, Minnesota. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Outcome Evaluation for Alcohol and/or Drug Treatment Programs — Mar 5-6. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Fourth Annual Alcoholism Symposium: Alcoholism a Treatable Disease — Mar 7, Cambridge, Massachusetts. Information: Douglas Jacobs, MD, Cambridge Hospital, Department of Psychiatry, 1493 Cambridge St, Cambridge, MT 02139.

1st National Conference on Mental Health, Substance Abuse and Deafness — May 7-9, Rochester, New York. Information: Karen Steitler, Director, Substance Abuse Intervention Services for the Deaf, Rochester Institute of Technology, 50 W. Main St, Rochester, NY 14614.

Training School on Alcohol and Drug Abuse — Mar 9-27, Minneapolis, Minnesota. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Chemical Dependency and Family Recovery Workshop — Mar 15-20, Minneapolis, Minnesota. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Third Annual Conference of SALIS (Substance Abuse Librarians and Information Specialists) — Mar 11-13, Berkeley, California. Information: Andrea Mitchell, Social Research Group, University of California, 1816 Scenic, Berkeley, CA 94709.

Orientation to Alcoholism/Drug Dependency — Mar 18. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Alcohol/Drugs and Family Health — Mar 19. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Strategies for Prevention of Alcohol/Drug Problems — Mar 20. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Alcohol/Drug Dependency and Mental Health — Mar 23-24. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Employee Assistance Programs — Mar 26-27. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

National Conference on the Sexo-

In order to provide our readers with adequate notice of forthcoming events, please send announcements, as early as possible, to: The Journal, 33 Russell Street, Toronto, Ontario, Canada, M5S 2S1.

logical Aspects of Substance Use and Abuse — Apr 27-28, San Francisco, California. Information: Stephanie Ross, Haight Ashbury Training and Education Project, 409 Clayton St, San Francisco, CA 94117.

Sexual Aspects of Prescription Drugs — Apr 29-30, San Francisco, California. Information: Stephanie Ross, Haight Ashbury Training and Education Project, 409 Clayton Street, San Francisco, CA 94117.

Third Annual Women in Crisis Conference — June 28-July 2, New York, New York. Information: John P. Scanlon, Scanlon Incorporated, Public Relations and Marketing, 1500 Broadway, New York, NY 10036.

43rd Annual Scientific Meeting of the Committee on Problems of Drug Dependence Inc — July 12-15, 1981, San Francisco, California. Information: Leo E. Hollister, MD, Executive Secretary, Committee on Problems of Drugs Dependence, 1800 University Ave, Palo Alto, CA 94301.

32 Annual Meeting Alcohol and Drug Problems Association of North America (ADPA) — Sept 13-17, 1981, Dallas, Texas. Information: Augustus Hewlett, ADPA, 1101 - 15th Street, Washington, DC 20005.

Abroad

International Drug Conference — Mar 9-13, Singapore, Republic of Singapore. Information: Conference Secretariat, International Drug Conference, 46 Scotts Road, Singapore 0922, Republic of Singapore, Cable: SANAHSE SINGAPORE, 737-3511.

Transcultural Approaches to the Etiology, Diagnosis and Treatment of Alcoholism — March 9-20, 1981, SS Doric cruise of the Caribbean Islands. Information: Elaine Woody, University of North Carolina Center for Alcohol Studies, 335 Medical School Building, 207H, Chapel Hill, NC 27514.

3rd Regional and National Conference on Drug Abuse — Mar 30-Apr 4, New Delhi, India. Information: International Council on Alcohol and Addictions, Case postale 140, CH - 1001, Lausanne, Switzerland.

3rd African Seminar on Problems of Drug Dependence — April, Nairobi, Kenya. Information: International Council on Alcohol and Addictions, Case postale 140, CH - 1001, Lausanne, Switzerland.

5th International Conference on Alcohol Related Problems — Apr 5-10, Liverpool, England. Information: Miss M. C. Smith, Conference Secretary, MLCCA, 1st Floor, The Fruit Exchange, Victoria Street, Liverpool L2 6QU England.

27th International Institute on the Prevention and Treatment of Alcoholism — June 15-20, Vienna, Austria. Information: International Council on Alcohol and Addictions, Case postale 140, CH - 1001, Lausanne, Switzerland.

11th International Institute on the Prevention and Treatment of Drug Dependence — June 22-27, Vienna,

Austria. Information: International Council on Alcohol and Addictions, Case postale 140, CH - 1001, Lausanne, Switzerland.

The People's Republic of China Medical Exchange Team — June 26-July 18. An information exchange with the medical and psychiatric community in China concerning advances in mental health. Information: Professional Exchange Travel, Ltd, 2 Metacomet Drive, East Granby, CT, 06026, USA 203-653-4470.

International Research Conference on Narcotics — July 26-30, Kyoto, Japan. Information: Hiroshi Takagi, Department of Pharmacology, Kyoto University, Sakyo-Ku, Kyoto 606, Japan.

7th Institute on Drugs, Crime and Justice in England — July 7-24, London, England. Information: Arnold S. Trebach, Director, Institute on Drugs, Crime and Justice in England, School of Justice, The American University, Washington, DC 20016.

International Congress on Drugs and Alcohol — Sept 13-19, Jerusalem, Israel. Information: Professor Stanley Einstein, Organizing Secretariat, Congress on Drugs and Alcohol, PO Box 394, Tel Aviv, Israel.

12th International Institute on the

Prevention and Treatment of Drug Dependence — March, 1982, Bangkok, Thailand. Information: International Council on Alcohol and Addictions, Case postale 140, CH - 1001, Lausanne, Switzerland.

28th International Institute on the Prevention and Treatment of Alcoholism — July 5-9, 1982, Munich, Fed Rep of Germany. Information: International Council on Alcohol and Addictions, Case postale 140, CH - 1001, Lausanne, Switzerland.

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Low-keyed agency aims for temperance in the literal sense



Betty Lou Lee reports

TORONTO — In a month of Sundays you probably couldn't find a temperance parade in Ontario. Gone are the candlelight ceremonies where children signed abstinence pledge cards.

But from the ashes of the once-thriving temperance movement has arisen a low-keyed phoenix that reached perhaps one-quarter of a million Ontarians last year.

Alcohol and Drug Concerns, Inc (ADC), formed in 1968 from the Ontario Temperance Federation, reached them through elementary school programs, talks at church services, bicycle maintenance classes, cooking schools for Indian youths, union-management seminars, a residential institute for addictions workers, parenting forums, trailers at rural fall fairs, community seminars, a quarterly newsletter, and 10,000 brochures, pamphlets, and reprints.

It did all this with only \$366,000 and a paid staff of 15 — three of them part time.

Ironically, it's more of a temperance movement than its predecessor, since its philosophy is temperance in the literal sense of the word, not the narrow one of abstinence. Even its staff isn't expected to eschew alcohol, tobacco, or other drugs, and some of them don't.

ADC's slogan is: "We encourage and promote a life style that is independent of the use of alcohol or other harmful drugs." It describes itself as a non profit, concerned citizens, volunteer organization. It's recognized federally as a charitable agency.

Self-worth

ADC's main approach with youth is promoting self-worth and self-assurance, the ability to make decisions with some forethought to consequences, and the realization that personal choices do exist.

With adults, the emphasis is on providing accurate and up-to-date information about substances of abuse.

"We attempt to interpret scientific and research facts in layman's language, so parents or others in the community can relate to them. We rely heavily on Addiction Research Foundation research for the facts," Karl Burden, ADC executive director, told *The Journal*.

He's a former school teacher, and, like his only predecessor, David Reeve, a United Church minister. He frequently speaks at church services, to congregations ranging from 75 to 400.

"I model my talk on a sermon, relating it to the Christian faith, but I pack in a lot of information and emphasize the hope to be found through prevention. At open community meetings during the week, the message is purely on the facts and preventive strategies. We tailor the message to the group."

Community relations manager Ralph E. Bradley, another United Church minister, shares these speaking duties — each staff member wears more than one hat — and a team of about 15 volunteers with a wide

range of backgrounds tries to keep up with demand.

Headquarters is a cluster of rooms in a suburban Don Mills office tower north of Toronto. Branches with one paid staff member and part-time secretaries have been established in the Ontario cities of London, Kingston, and Sudbury.

John Trueman, professor of history at McMaster University, Hamilton, is president and chairman of the board of directors. He heads a 24-member provincial advisory council of volunteers.

Regional advisory councils survey needs, plan programs, and help raise funds within their own areas.

It is in its preventive approach with youth that ADC has proven to be most resourceful and innovative.

Barriers

Don Smyth, the 36-year-old dynamo who is youth programs director, vaguely reminds one of a 1980s Pat Boone. He exudes good looks, limitless energy, enthusiasm, and credibility. And he's one of few people who can say things like "It's an exciting time to be alive," without being booed or committed.

He has a bachelor's degree in education, a master's in political economy, and he's working on a doctorate. He's a voracious reader of lay and scientific articles on addictions and spends a lot of time talking to students in schools.

"I don't buy the proposition that people of a certain age or education can't relate to drug-involved youth. The key to dealing with high school kids is to accept them and show them you care about them. Barriers between teachers and kids and parents can be broken down."

Although he's worried about teens' use of chemical comforts, he's even more concerned about their lack of optimism, their feeling that the world is out of kilter, and their sense of hopelessness about being able to do anything about it.

ADC's initial involvement with young people was a carry-over from the Ontario Temperance Federation, which formed TOC ALPHA in 1957.



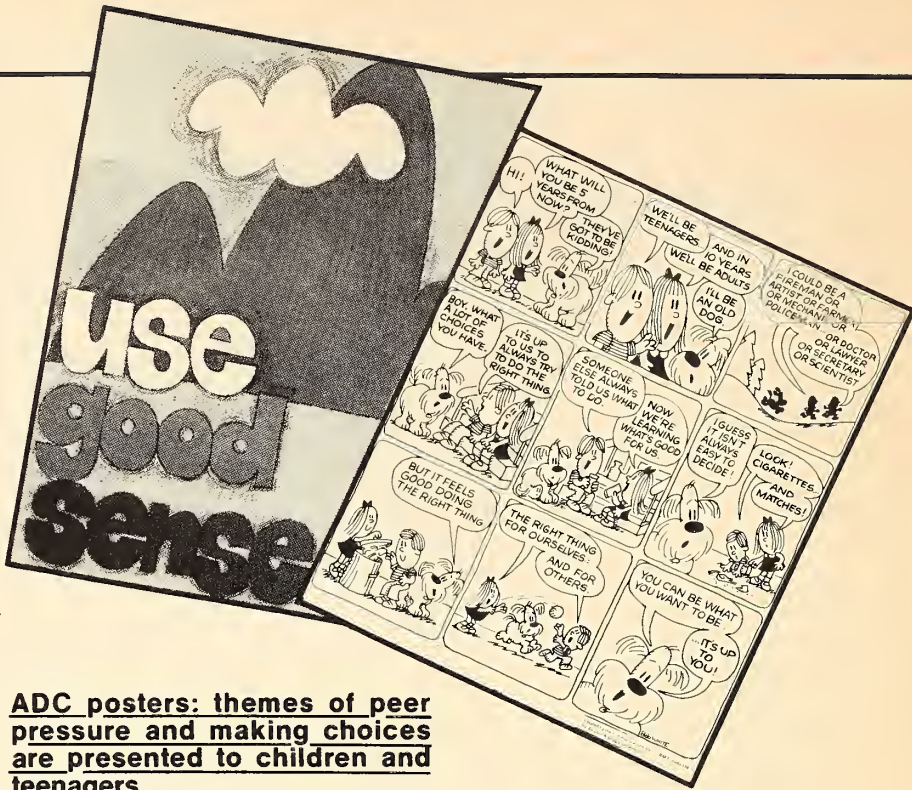
ADC's Smyth and Burden: programs are constantly expanding.

The acronym originally stood for Teach Our Canadians to Assess Liquor by Presenting the Hazards of Alcohol, but with the different philosophy of the new agency and changing drug abuse patterns, that has been changed to Taking on Concerns About Life, People and Human Achievement.

About 500 14- to 21-year-olds participate in TOC ALPHA activities at local and regional levels. Social and recreation programs demonstrate "you can have fun without chemicals." Seminars and conferences emphasize self-development.

This year's annual Christmas conference, in Hamilton, drew 612 for sessions on life after high school, peer pressure, family relationships, cults, death and dying, human sexuality, abortion and teen pregnancy, massage, listening skills, and understanding the need to escape. That was in addition to a full social program.

More far-reaching, and more difficult to assess for effectiveness, is an ADC program being used in many junior elementary Ontario schools, with the approval of



ADC posters: themes of peer pressure and making choices are presented to children and teenagers.

the Ontario Ministry of Education, called PLUS — Positive Life-Using Skills. Its motto is: "You can get along without always going along."

Aimed at the 8- to 11-year-old student, it is given by teachers who have attended a day-long ADC training session, and it's usually an on-going part of instruction.

The agency stresses it is not a drug education program, but a preventive one aimed at understanding peer pressure, developing self concepts and decision-making skills, and problem-solving.

For children four to eight, the agency provides teacher training for the Hole in the Fence program. The 132-page color story book, lavishly illustrated, and a teaching kit were prepared in 1975 by the then Non-Medical Use of Drugs Directorate of Health and Welfare Canada. The basic themes are making choices, peer pressure, and personal relationships.

In the works is a life skills course for Grade 9 students.

'No optimism'

"With the unemployment situation many of them are going to face, it's important kids be able to develop self-worth in ways other than work skills," says Mr Smyth.

"I'm hearing from kids about self-destructive behavior involved with abuse. They talk about "wastees" who deliberately take the most dangerous drugs.

"In the last few weeks I've been in five high schools in four different parts of the province, and what I hear from both the involved (with drugs) and non involved is that things (in the world) are out of control. I'm seeing a lot of kids with absolutely no optimism."

Classroom programs led ADC to involvement with families.

"We established the positive parenting forum as a complement to PLUS in the classrooms," says Mr Smyth. "There's a limit to what teachers can do, and we wanted to bring parents into the concept, to show them how, for example, they can help prepare a child for peer pressure situations from their own experience."

"But no matter how we advertised these forums as preventive, we got a certain number of parents of those who were already involved, and they were desperate. Some of them had been through hell."

Parenting

The plight of these parents led to formation of two new groups: Families Anonymous, with weekly meetings in East York, and Concerned Parents, with bi-weekly meetings in North Toronto. The first is more of a self-help group with a 12-step program, the second has more professional input for discussions.

It would be difficult to find a setting where addictions and lack of self-esteem are more rampant than on Ontario Indian reserves, and ADC has begun to take its programs there, revised for local conditions and in consultation with band councils and community workers.

"We put a big emphasis on parenting," says Mr Smyth. "The gasoline-sniffing

situation is truly tragic, involving kids as young as seven and eight. The parents don't realize they are teaching their children every day, by the way they cope with booze. A lot of native people have a real self-hatred. To put it bluntly, they don't like being Indian."

With these constantly expanding programs, and an ever-increasing demand for services, development officer Andy Mathews admits: "We're getting to the point we are spread too thin."

Within three years, he hopes to double the present budget of \$410,000. Broadening the funding base is one aim of Mr Mathews who came to ADC after retirement from an administrative career with Canadian National Railways, and a further three years with Addiction Research Foundation administration.

Churches are a major source of support. Of the \$336,000 received in the year ending March 31, 1980, the United Church Ontario Council and United Church conferences contributed \$46,600, and other church appeals brought \$44,000. Individual donors gave about \$56,000, and business corporations \$18,000. Fees offset the costs of many of the seminars and other programs.

It will accept government funding for some specific projects, but it comes to a small amount. "The board doesn't want to rely on government funds because we are often critical of government positions," says Mr Burden.

Commercials

ADC often presents briefs to provincial and federal governments on issues such as marijuana and alcohol. Last year it joined most of the Ontario teachers' organizations expressing concern about possible liberalization of cannabis legislation.

It is experimenting with radio and TV public announcement spots for greater public awareness and support.

Every summer, about 200 people in the addictions field attend the week-long residential Institute on Addiction Studies at McMaster University in Hamilton, and in recent years there has been increased participation by unions and management teams.

In the past year, the university has established a diploma course in addiction studies, a combination of Institute attendance and part-time university courses.

Mr Mathews sees expansion of such institutes for specialized groups, and perhaps eventually a permanent Institute, as one are where industry might be willing to make financial contributions. "They'd be putting their money where their mouth is, and responding to real needs."

ADC does have a cushion of about half a million dollars in bequest money, some of that inherited from the old Ontario Temperance Federation. That's how it coped with last year's \$30,000 deficit. It's also dipping into some of it this year to expand programs.

"There is so much opportunity that to sit back and wait for the money to come is not good strategy," says Mr Burden. "And it's almost impossible to say no when another school or youth group asks for help."



Heroin in West a 'widening crisis': INCB

VIENNA — The rapidly growing volume of illegal heroin sales in the United States alone now surpasses the entire gross national product of Austria, according to the United Nations International Narcotics Control Board (INCB) in a global report.

In only the first half of 1980, it says, heroin shipments seized in or during transit to Western Europe — always a handy indication of the amount of the drug that actually does get through — were 150% greater than for the year 1979.

The UN board considers West Germany the country most affected by heroin, with 410 proven drug deaths (in a population of 62 million) during the first 10 months

of 1980. Italy (population 56m) had 145 proven drug-related deaths, and Denmark (pop 5m), 105.

The report speaks of a widening crisis afflicting the whole of the Western world as well as the producing and transmitting countries. In the past year, the Golden Crescent countries of Iran, Pakistan, and Afghanistan were the world's major suppliers of opium poppy used for heroin production, with other Middle East countries serving as staging and transit areas.

"Although much of the heroin is destined for Western markets," the UN board says, "the producers are not immune to narcotics abuse, as in the case of Iran where

the authorities estimate that the local opium addicts number close to one million people."

Based on a review of drug abuse control and trafficking, the report was presented here for discussion by the UN Commission on Narcotic Drugs. Because of the volatile nature of the illicit drug trade — affected by changing market conditions, governmental policies, international relations, and even the weather — the report is to some extent already out of date.

Thus it notes with satisfaction that heroin supplies from South-east Asia have declined as a result of governmental and international action reinforced by adverse weather conditions during the past

two crop years. But the rains have just returned to the poppy fields of the Golden Triangle region of Burma, Laos, and Thailand, promising a bumper crop later this year (see page 9).

The report also describes illicit opium production in the Crescent countries of the Middle East as a source of mounting threat feeding the widening heroin crisis in North America and Western Europe. Yet the prolonged Gulf War and other developments in the area are expected to lead to a decline in the region's domination of the illegal heroin trade.

The UN board describes a disastrous, expanding gray area involving both legal and illegal

600 ton harvest expected — Page 9

aspects of drug transactions.

It says the over-supply of opiates for legal export has become a big problem because of an expansion of their production. Psychotropic substances (mostly man-made drugs) are also proving difficult to control because of their large varieties, extensive use in medicine, rapidly developing non medical use, and great potential for clandestine manufacture. Their increasing diversion from legal trade creates a big health risk, with significant discrepancies in exports of amphetamines and methaqualone from Europe to the developing regions of the Middle East, Africa, Asia, and Latin America.

The report offers little optimism in the face of a relentlessly escalating global problem. It illustrates the enormity of the issue in financial terms by estimating the illegal sale of narcotics in the United States alone during the year 1978 at up to \$63 billion — roughly equal to the value of the total annual economic activity of Austria, the country where the UN board is based.

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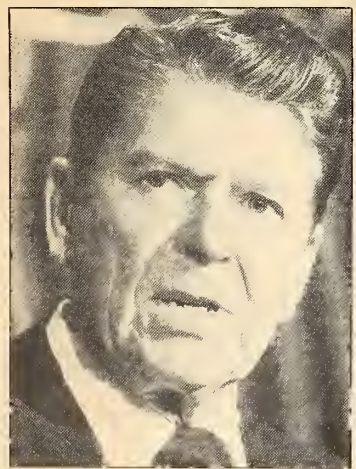
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Block grants to states shock field

Reagan gives few clues on US drug policy

By Harvey McConnell

WASHINGTON — Ronald Reagan's administration has taken office with no apparent transition plan for, or even any clues about, future White House drug policy.



Reagan: cuts would decimate treatment.

At the same time, President Reagan's proposal to include alcohol and drug programs with myriad others in a block grant allocation to the states — and then slash all grants by 20% in 1982 — could spell disaster in many areas.

The cuts would decimate drug and alcohol treatment programs and leave the future of the national institutes in serious doubt.

State governors would have the right to put the grant money wherever they like, and could disregard any recommendations that certain amounts from the block grant monies go for alcohol and drug programs.

The lone exception to the block grant proposal is the foster grandparent program, a pet project of Nancy Reagan's.

One national official told *The Journal*: "We hope we can get alcohol and drug programs to be exceptions as well, but it's all very depressing." Lobbying of friendly legislators has begun in earnest.

On the plus side, approaches

have been made by administration officials to several leading figures in the field, asking them to submit resumes for the post of administrator of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA). The position was vacated by Dr Gerald Klerman in Dec 1980.

A month after the inauguration, the White House drug policy office did not function. Lee Dogoloff, director under President Jimmy Carter, was asked five days before the inauguration not to resign. The day after the inauguration he was told his services were not needed.

Mr Dogoloff told *The Journal*: "Unfortunately, there were no discussions or decisions taken during the transition between administrations. I had already submitted my resignation when I was asked to stay, and I never saw (the stay) as more than a few months to help a new team settle in."

He pointed out he was on the staff, at the Office of Management and Budget, in both Nixon's and



Dogoloff: transition without discussion.

Ford's terms at the White House.

During the Ford-Carter transition, the Office of Drug Abuse Policy (later closed) under Peter Bourne was established, decisions were taken, and option papers written by the time Mr Carter took office.

Mr Dogoloff said what bothers him most is the possibility drug policy will become a partisan

political issue and be reflected in future appointments.

"I just hope there is no diminution of concern on the issues. But we must give the new administration a fair shake and see what comes up."

Under Dr Bourne and then Mr Dogoloff, the drug policy office helped coordinate United States efforts nationally and internationally in the drug abuse field.

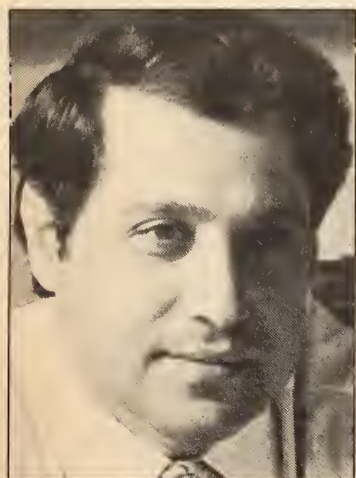
No decision is expected to be made by Congress until at least mid-March on whether to revoke the \$76.5 million for state formula grants during 1981. The issue is also clouded by the massive cuts in all sorts of federal programs Mr Reagan has proposed in his efforts to balance the federal budget.

If the formula grants are eliminated it will virtually end alcohol and drug treatment programs in many small states, and seriously cripple those in states which do provide state funds to match federal funds to run programs.

Key to liver dysfunction spotted?

By Pat Ohlendorf

TORONTO — Diagnosed cirrhosis of the liver may be only a contributing factor in the death of a



Israel: a ray of hope.

chronic alcoholic, not the cause of death. The same may be said of the other dreaded alcohol-related liver disease, alcoholic hepatitis.

By taking their research to the cellular level and by using the electron microscope, four researchers here believe they have found the key to liver dysfunction — a factor that is more basic than cirrhosis and hepatitis, and one that can be reversed by abstaining from alcohol.

In a paper soon to be published in the medical journal *Gastroenterology* (following studies published last year), Yedy Israel (director of the Addiction Research Foundation of Ontario's Clinical Institute), Hector Orrego (head of gastroenterology at the Clinical Institute), Lawrence Blendis (department of hepatology, Toronto General Hospital), and Allan Medline (department of pathology, University of Toronto) show that when large amounts of

alcohol are consumed over a long period of time, the individual liver cells expand, squeezing the fine blood vessels that form a network throughout the organ.

This can block the flow of blood, causing portal hypertension, or stress on the blood vessels that enter the liver, and can sometimes lead to rupture and internal bleeding.

"It's like closing the nozzle of a hose," Dr Israel told *The Journal*. "The hose tends to expand."

In addition, the researchers suspect that the pressure of the swollen liver cells may trigger the formation of fibrous tissue around the blood vessels, preventing the vital exchange of materials between the bloodstream and the liver cells. This process is known to occur in other organs.

More than 80% of the patients treated for alcoholic liver disease at ARF's Clinical Institute have enlarged liver cells, and those with

very enlarged cells also have high portal pressure, the researchers report.

"The liver acts as a filter," explained Dr Orrego. "Whenever we eat, an enormous amount of toxic substances enters the bloodstream, many of them formed by bacteria in the gut. All are cleared out by the liver."

So are two other highly toxic substances: bilirubin (the hemoglobin of dead red cells) and ammonia (the product of protein degradation).

"If these toxins are not cleared out," said Dr Israel, "the patient gradually falls into a hepatic coma and dies."

In cirrhosis of the liver, fibrous tissue grows around groups of liver cells, forming hard nodules which the blood vessels must then bypass.

In alcoholic hepatitis, the other (See — Abstinence — page 2)

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Drug education circa 1920
The Back Page

NEWS

Briefly . . .

DUBLIN — The debt-ridden government of Ireland expects to raise \$222.5 million through its recently announced price increases for beer, cigarettes, and gasoline. The price of a pack of cigarettes was raised 18 cents, to \$1.80 (US). A pint of beer rose 11 cents, to \$1.26, and a shot of whiskey also 11 cents, to \$1.20.

SINGAPORE — The Singapore Anti-Narcotics Association (SANA) recently announced it will set up an intensive after-care unit to deal with multiple-relapse cases. The unit will be staffed by full-time social workers and will also use a pool of volunteers. SANA is seeking the cooperation of the Hindu community to locate ex-drug takers in need of the facility.

VAN NUYS, CA — Drug and alcohol use have been shown to be especially common among teenagers whose parents are users of both alcohol and tobacco, states Steven T. Knee, MD, in a recent study. Dr Knee is medical director at Crossroads Hospital, which exclusively treats adolescents. In the study he argues that treatment programs must aim first at changing family patterns, relationships, and structures. "We have found that the concept of combined concurrent psychotherapy utilizing a separate psychotherapist for the adolescent and one for the remainder of the family is a powerful method of treatment," Dr Knee says.

SEATTLE — Alan Marlatt, a psychologist at the University of Washington, has documented an "expectancy effect" among volunteer student "customers" at a free bar he opened on campus with a \$43,000-a-year grant from the National Institute on Alcohol Abuse and Alcoholism in 1978. Unwitting drinkers registered the same reactions to non alcoholic placebo drinks as to alcoholic drinks. He also documented what he calls "modeling": "If a social drinker is put in the company of a drinker who is drinking at a pretty high rate, the ordinary social drinker will start to increase his rate of consumption."

NEW YORK — Customs officials recently added caviar to their suspicious list. An Iranian national, aware that \$300 worth of caviar could be brought into the US duty free, tucked 10 pounds of uncut Iranian heroin (value close to \$10 million) into false bottoms of 21 tins of Persian caviar. Arrested at Chicago's O'Hare Airport, officials discovered that the suspect had declared 25 pounds of caviar the previous month, paying a duty tax of only \$135. That "caviar" has not been found.

Toronto spurs UN drug laws action at Vienna meeting

TORONTO — The United Nations Commission on Narcotic Drugs took official steps last month toward improving current methods of international drug control (*The Journal*, Feb).

At the Commission's annual meeting in Vienna (Feb 2-11), delegates agreed a working group should be set up this year to study the UN narcotics treaty (the 1961 Single Convention on Narcotic Drugs) and also passed resolutions to strengthen the psychotropics treaty (the 1971 Convention on Psychotropic Substances).

Both actions follow recommendations by an international working party that met in Toronto last September and suggested "harmonizing" the two treaties, and from the Commission's own report, which suggested "merg-

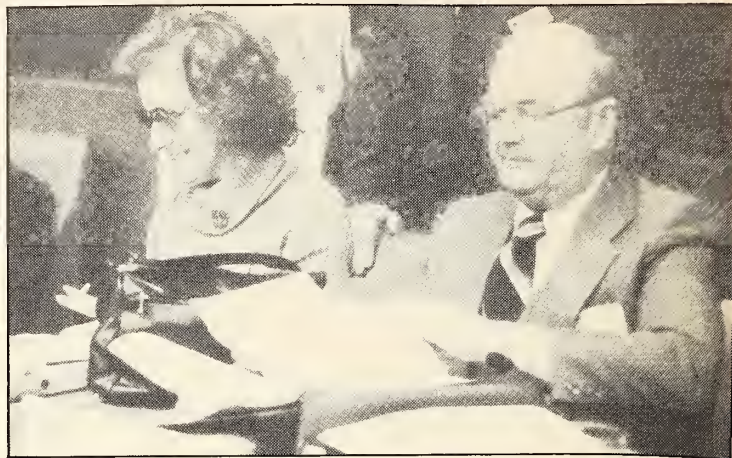
ing" them.

Said Addiction Research Foundation of Ontario's David Archibald, who convened the Toronto study group and, as deputy president of the International Council on Alcohol and Addiction, presented the report in Vienna:

"Now that we've done a major study of the Psychotropic Convention, it is reasonable that another study be undertaken on the Narcotics Convention as a prelude to either merging the treaties or developing a new one."

Meanwhile, two new resolutions may strengthen the control of psychotropic substances.

One aims at preventing the "dumping" of low quality and falsely labelled psychotropics into developing countries. It recommends that nations certify all im-



ARF's David Archibald, also deputy president of the International Council on Alcohol and Addictions, at the UN with Eva Tongue, ICAA's deputy director.

porters and that appropriate international organizations help developing countries to set up efficient national drug control systems.

The other encourages all UN countries that have not signed the treaty to do so promptly, urges all members of the treaty to uphold its regulations, asks all nations to review periodically the types and amounts of psychotropic substan-

ces needed for medical and scientific purposes, and recommends that the UN Narcotics Board come up with amendments to strengthen the treaty further.

"We're looking at a seven- to 10-year project in revising the present treaties," said Mr Archibald. "It's an enormously difficult job to move the bureaucratic and political machinery rapidly."

'Does smoking cure some diseases?'

Eysenck hits anti-smoking studies

LONDON — One of Britain's most controversial academics, Hans Eysenck, has published a book claiming that the case against smoking, in which it is linked with lung cancer and cardiovascular disease, is "based on very shaky reasoning."

Prof Eysenck says the studies used to establish these links have been severely criticized by many statisticians and defended by few.

"Among the major errors involved is the fallacy of interpreting observed correlations (such as that between smoking and lung cancer) as causal," he says in the book.

"The fact that A and B go together does not prove that A causes B.

"If we accept the type of argument used to prove that smoking causes some diseases, we ought in

logic to believe what nobody does, that it prevents or cures others. People who smoke are statistically less likely to get cancer of the rectum, or primary central nervous system neoplasm, or Parkinson's disease. As far as cardiovascular disease is concerned, it is found that pipe or cigar smokers have a lower rate than non smokers.

"Does this mean that this type of smoking protects against coronary disease? No relationships between smoking and heart disease have been found in Finland, Holland, Yugoslavia, Italy, Greece and Japan. Even in countries where a relationship exists, it is often found that moderate smokers die less frequently of heart disease than do non smokers, and that only heavy smokers die more frequently. Does this suggest that everyone should smoke moderately in order to be protected from heart disease?"

Prof Eysenck, who is head of the department of psychology, Institute of Psychiatry, London University, says that besides a failure to demonstrate a dose-response relationship between smoking and the two diseases, the evidence does not suggest that smokers who inhale are in greater danger than those who don't.

He adds that the difficulties are increased by the very unreliable diagnoses of lung cancer in past years and suggests an "alternative hypothesis" — that certain types of people are genetically predisposed to smoke and to suffer from certain types of disease.

The professor's claims were emphatically rejected, however, by one of Britain's leading epidemiologists in the cancer field, Richard Peto of Oxford University.

Dr Peto stressed at the press conference launching the Eysenck book that the great majority of doctors and scientists who had examined the evidence that smoking causes lung cancer had found it wholly convincing.

Dr Peto went on: "The substance of Eysenck's various arguments concerning smoking are trivially wrong, that is not wrong for subtle, complicated reasons, but wrong for simple straightforward reasons."

He then circulated at the conference printed sheets summarizing the evidence that smoking causes lung cancer and claiming that Prof Eysenck's omission of certain key evidence in his book was unforgivable.

New police role

WASHINGTON — District of Columbia undercover narcotics agents are now posing as sellers as well as buyers in known drug-dealing areas of the city and arresting people who ask to buy drugs.

The DC police move is believed to be the first in which undercover agents act as sellers. The move was taken following enormous public and political pressure for action against open drug dealings on Washington streets.

Police officials said they make certain the undercover officers do not try to entice people to buy drugs, which would be entrapment.

An official of the American Civil Liberties Union said the organization had no objections to undercover agents posing as pushers in known drug dealings areas if they waited for people to approach them.

Police officials would not reveal the locations the officers are working or how many are on the streets, but said it could be assumed they patrolled in well-known drug dealing areas.

Next question: Why do liver cells enlarge?

'Abstinence will have very positive effect'

(from page 1)

easily identifiable alcoholic liver disease, individual liver cells die, causing inflammation in adjacent cells. Both of these diseases may affect only specific anatomical areas of the liver.

The liver is a large organ and much of it may be redundant. Dr Israel said that laboratory rats can function perfectly normally with 70% of their livers removed. This suggests that in humans, as long as a fraction of the liver remains in good working order, the organ will function normally.

"Here at the Clinical Institute," said Dr Orrego, "about 10% of the

alcoholics we see are completely normal according to all the clinical and liver tests, yet their biopsies show that they have full-grown cirrhosis."

And, on the other hand, chronic alcoholics who are free of cirrhosis can die of portal hypertension or hepatic coma.

The size of the liver cells and the condition of the blood vessels indicate the relative health of the organ, say the researchers, not so much the presence or absence of more easily diagnosed liver disease.

Pathologists should routinely check for cell enlargement and

fibrous vessels, they recommend.

"The emphasis on cirrhosis has probably distorted the direction of research," said Dr Orrego. "Everybody has been looking for the cause of cirrhosis, and that turns out to be not the most important thing."

Finally, there is a ray of hope: while cirrhosis is not reversible, swelling of the cells and possibly even the fibrous encapsulation of blood vessels are. When an alcoholic stops drinking, the cells and blood vessels gradually return to normal.

Said Dr Israel: "Instead of giving up on patients with advanced

cirrhosis, as has been done all too frequently in the past, now — if these additional problems are present — we know that abstinence will have a very positive effect."

Drs Israel, Orrego, Blendis, and Medline have been studying alcoholic liver disease for the past five years through funds from the ARF and the Ontario Provincial Lottery.

The next stage of their research is to prove their hypothesis that pressure on hepatic blood vessels triggers the formation of fibrous tissue and to determine why liver cells enlarge.

Alcoholics' mortality up

US alcohol intake down

By Harvey McConnell

WASHINGTON — Total alcohol consumption in the United States slowed considerably in the 1970s but mortality among alcoholics increased at a rate higher than expected.

Drinking is involved in at least

half the deaths on US highways, in fatal falls, fires involving adults, and drownings, estimates the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in an *Alcohol and Health* report to Congress. It is the fourth report issued since NIAAA was founded in 1971.

Surgeon General Julius Richmond, in a foreword, noted: "Substantial progress is being made in understanding the disease of alcoholism and in coping with the myriad of dysfunctional persons and social behaviors associated with problem drinking."

"A comprehensive alcoholism

treatment system now exists when just a decade ago a systematic network of treatment services could only be imagined. Prevention programs addressed to alcohol-related problems have been conceived, designed, and started."

In addition, Dr Richmond continued, many noted scientists have turned their attention to studies of the biochemical, psychological, and social factors which contribute to alcoholism and problem drinking.

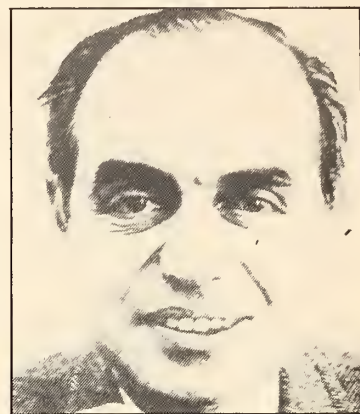
John DeLuca, NIAAA director, said that while its commitment to treatment will continue, the institute must begin to concentrate on other issues to insure continuation of treatment capacity. These are: improvement of treatment skills, stable long term treatment financing, more basic understanding of alcoholism, and better methods of preventing alcoholism.

Mr DeLuca noted that the costs of treatment are now so high "the institute considers expansion of health care insurance coverage for alcoholism to be one of the most important issues in the full development of the alcoholism health care delivery system."

He called for the government to consider treating alcoholism within the Medicare and Medicaid systems (now highly unlikely under the Reagan administration).

The report said that by 1978 apparent consumption in the US had risen to more than 2.7 gallons of ethanol per person per year. Beer accounted for 49% of consumption, spirits 39%, and wine 12%.

Surveys of self-reported consumptions showed 33% of adults are abstainers, 33% are light drinkers, 24% moderate drinkers, and 9% heavy drinkers. Among males, 14% considered themselves



Richmond: progress is being made in understanding.

heavy drinkers compared to 4% of females.

The period of heaviest drinking appears to be between the ages of 21 and 34 years for males, and between 35 and 49 for females.

Hispanics of both sexes report high rates of drinking, while blacks of both sexes report high rates of abstinence. The rates of blacks who are heavy drinkers are the same as for other ethnic groups.

The report said adolescent drinking patterns have not changed significantly since 1974: some 87% of grades 10 through 12 students report having at least consumed alcohol. A large number of teenagers drink large amounts of alcohol by the time they reach 15. This amount increases up to age 17, when it appears to level off.

The report said surveys have found 20% of males and 10% of female drinkers report one or more symptoms of alcohol dependence or loss of control within a 12 month period, and 18% of males and 4% of females are classed as heavy drinkers.

Among adolescents, 31% of those in grades 10 to 12 report they have been drunk at least six times within a 12 month period.

The report, in assessing the biomedical consequences of alcohol use and abuse, said mortality rates continue to rise at a rate higher than expected: one recent study reported mortality 2.5 times greater than expected among a group of alcoholics studied over a period of time.

Mortality from cirrhosis of the liver has declined since 1973, but remains nearly twice as high among blacks as among whites. Longstanding use of alcohol in substantial amounts has been found in a large proportion of patients with unexplained heart muscle disease.

Superman tackles Nick O' Teen

By Alan Massam

LONDON — The British government's Health Education Council (HEC) is spending £500,000 in its latest major campaign to persuade children against experimenting

with cigarettes, and if public response is any guide, it is a great success.

The campaign, launched with a series of television commercials on Boxing Day and followed up with advertisements in children's comics, is built up around the

character of Superman with the slogan "Never Say Yes to a Cigarette."

The popular children's champion is seen in conflict with an evil character Nick O' Teen who is thwarted without fail.

Freddie Lawrence, HEC information officer and creator of the conflict idea, said children may clip Superman coupons out of comics to apply for a "special pack" of material, which reinforces the campaign message. The pack included a poster, an eight-page comic, an individually numbered certificate pledging support for Superman, and a badge with the slogan "Stamp out Nick O' Teen."

The response, he said, had been "very encouraging." It was expected that one million campaign packs would be distributed.

Mr Lawrence went on: "Children today are growing up against a background of anti smoking pressures and restriction which we can reinforce. Unlike most of us who began our lives blissfully unaware of the link between cigarettes and bad health, these children live in a society in which the link is a fait accompli. And I believe they are all aware of that link, no matter how dimly."

"Health education messages can be dull and authoritarian. It's easier to sell the delights of chocolate bars and to persuade children to go out and buy them, than it is to excite them with the message that 'smoking is bad.'"

"However, I believe that this campaign, coupled with our previous use of Superman (in a pilot trial in 1979) demonstrates that topics like these can be presented in a way which excites children's interest."



Medical model 'worshipped' but not believed

By Wayne Howell



The disease concept of alcoholism does more than engender self-respect in alcoholics. It also legitimizes the treating agencies in the eyes of governments and allows those agencies to compete for health care dollars on an equal basis with other health care delivery systems dealing with more conventional pathologies.

Given that the disease concept offers advantages for both the patient and the persons treating him, it is not surprising that it has become the official dogma of the treatment industry. It is a dogma subscribed to publicly by persons who quite often have private reservations about it.

And it is a dogma that some feel compelled to defend even if the defence leads the defender into definitions and word

games that smack of sophistry: witness the speaker at a recent conference in the United States who was worried that speaking about an alcoholic's "lack of control" encouraged the thesis that alcoholism was a self-inflicted ailment and therefore did not deserve public attention and concern; the drinker did not "lack control" the speaker asserted, the problem was that he had "too much of an appetite" so that a normal level of control was not sufficient for him.

It was while I was pondering the difference between an excess of appetite and an inadequacy of control, and what this fine distinction meant in terms of government funding, that my mind turned to thoughts theological.

It struck me that just as the high priests of the church feel that the public needs its anthropomorphic god (the old guy with the beard high in the sky) the high priests of the addictions industry feel the public and its elected representatives who decide on health care priorities need the medical model (the old doctor with a beard who is

going to cure this disease just like he cured polio).

Without the former there would be rampant atheism. Without the latter there would be a cut-off of funds for treatment and a return to the moral exhortations of yesteryear.

The churchmen, of course, haven't taken the concept of the anthropomorphic god seriously for years, but they keep their discussions about the ideas and concepts of such modern theologians as Dietrich Bonhoeffer and Paul Tillich private. They were scandalized when John Robinson, Bishop of Woolwich, explored these ideas in *Honest to God*, a book aimed at laymen. They were convinced that when the word got out that they conceived of God not as a bearded old man on a throne but as something even more mysterious and complex ("the ground of our being" was Paul Tillich's concept), chaos would ensue and the churches would become empty.

When John Robinson's book came out in 1963 a bit of chaos did ensue, and some devout parishioners were deeply shaken to discover that the high priests of the faith

did not take their own dogma literally. But the upshot of the whole Honest to God debate that spluttered throughout the 1960s was that for the first time in their lives a great many people got involved in the cut and thrust of theological debate and found they were enriched by it.

It seems to me that when alcoholologists get to arguing about the difference between an excess of appetite and an insufficiency of control because they think it important in terms of maintaining the purity of official dogma, they are coming perilously close to acting like the mediaeval theologians who disputed the number of angels who could dance on the head of a pin. The important thing is not the purity of the dogma one espouses, it is whether the dogma has any relevance in the real world.

And when alcoholologists privately question the medical model of alcoholism but bow down in obedience to it whenever they go public, they are acting as hypocritically as the priests who believe there should be one faith for the heavy thinkers and one faith for the masses.

NEWS

Non narcotic analgesic Zomax 'major advance' is said to be non addictive

By Pat Ohlendorf

TORONTO — A non narcotic analgesic said to be "as effective or more effective than the codeine-ASA combinations (222s, 282s, 292s) and equal to a 16 milligram injection of morphine" has recently come on the market in Canada and the United States.

Tested in animal and clinical studies for 10 years, zomepirac sodium (ZOMAX) has been shown to be effective for many different types of pain.

This, coupled with its non addictive qualities, makes it "a major advance — and that's in bold print," Russ Lisson of McNeil Laboratories (Canada) Limited told *The Journal*. There is no other pain killer in zomepirac's range that is not addictive, he said.

McNeil Pharmaceutical, Springhouse, PA, developed the analgesic.

Clinical studies have shown zomepirac to relieve both acute and chronic pain — post-operatively and in tension headaches, cancer, and rheumatoid- and osteoarthritis.

Studies on several other types of pain are under way, and more applications are expected to emerge as doctors and patients become familiar with the drug.

Physical addiction to opiate-based analgesics is all too common in patients with chronic pain, said both Davy Trop of the Montreal Neurological Institute and Rosemary Dudley, head of the Migraine Foundation here. If present hopes for the new pain killer are fulfilled, this problem may be eliminated.

Said Ed Sellers, professor of pharmacology at the University of Toronto and director of medicine

and clinical pharmacology at the Addiction Research Foundation of Ontario's Clinical Institute:

"The chemical class that zomepirac belongs to has never been associated with physical dependency, so it's very unlikely that this drug will be abused."

In addition, a double blind clinical trial headed by Charles O'Brien, director of the Drug Dependence Treatment Service at the Veterans' Administration Hospital in Philadelphia, revealed that patients treated with zomepirac for one year showed no withdrawal symptoms when abruptly switched from the new drug to aspirin.

This means that dosages of zomepirac can be titrated to suit different levels of pain and, as Dr O'Brien pointed out, that "zomepirac is very useful for treating pain in drug addicts and those on methadone programs because its pain relief qualities are not blocked by the opiate tolerance."

However, he cautioned, "when a drug gets on the market, people sometimes experiment with it in bizarre ways and unexpected things can develop. So all we can say with certainty is that zomepirac seems to have no potential for abuse."

The side effects of the drug are similar to those of ASA (for example occasional nausea and heartburn), making it unsuitable for patients with ulcers or those recovering from gastrointestinal surgery, at least until an injectible form of the drug is developed.

Zomepirac is an anti-inflammatory, non steroidal agent that works by decreasing the body's production of prostaglandins, hormone-like substances that make pain receptors more sensitive.

Several other drugs, including

ASA, also reduce prostaglandin levels, but are not as effective in relieving pain. The company suspects zomepirac might also have some effect on the transmission of pain in the central nervous system, but has not confirmed this yet.

The new drug will be available only on prescription. "Zomepirac has a safety profile that would justify its use as a non prescription drug," said McNeil's Lisson, "but we're satisfied to make it available through the professions and have the doctors control its use."

Asked by *The Journal* whether zomepirac might be described as a "wonder drug," ARF's Dr Sellers replied: "The discovery of penicillin did a very bad thing: it made people think that there should be wonder drugs. People

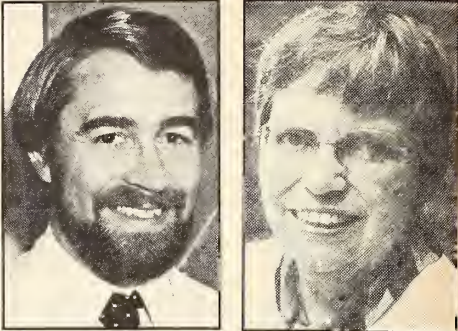
don't expect this of anything else in life, so why should they expect it of drugs?"

Rather, it is a "useful" drug, he said. "It has greater potency than commonly prescribed analgesics. It seems to have fewer side effects. It seems to have specificity of action, which is a good thing pharmacologically. And it appears to have no potential for dependency or abuse."

Although the company does not expect Zomax to replace Aspirin ("The habits of three generations

are not going to be changed overnight," said Mr Lisson), physicians familiar with the product feel it may well replace the oral ASA-narcotic combinations such as Percodan, Darvon, Talwin, and the 222s, 282s, and 292s.

Zomepirac became available in Canada in January and in the United States last fall. It has been marketed in South Africa for about a year and is currently being studied by many national health protection agencies throughout the world.



Sellers and Dudley: it's unlikely new drug zomepirac sodium will be abused.

British Rail will try heading off drunk Scottish soccer fans

By Harvey McConnell

LONDON — Passenger train service between London and Scotland will be severely restricted before and after May 23 to try to stop drunk Scottish soccer fans from reaching the England-Scotland soccer international at Wembley stadium here.

British Rail made its draconian decision following five years of fruitless effort to get the ruling Football Association (FA) to deal realistically with drunk and violent fans.

The FA's only action has been to ban the sale of tickets in Scotland to the 100,000 spectator stadium, but it admits there will probably be a lucrative black market from the South.

In 1979, when the game was last played here, one person was stabbed to death on a train full of Scots, and 450 Scots were arrested for violent and indecent assaults, drunkenness, and indecent exposure.

Shop owners and people living near the stadium were terrorized and drunk Scots roamed the West End of London that night. Similar behavior

happened in 1977.

Although the date of the game falls on a long public holiday weekend — and the FA refused to change it — British Rail has banned the sale of cheap tickets for three days before and after the game. It has also declared that all seats must be reserved in advance and banned sale of alcohol on all trains to Scotland and at major railroad stations between Scotland and London.

In addition, London Transport drivers and conductors have indicated they will refuse to take subway trains to and from Wembley on the day of the game.

British Rail said that the FA not only has kept the May 23 date for the game, but has rejected a suggestion it be played in midweek, which would ease the problem, or that it be shifted permanently to Scotland.

Some Scottish politicians predictably criticized the ban as "a blatant attack on the Scottish people." All objective evidence indicates the ban is justified.

Soccer wars: intensity of game spreads to fans, notably in England-Scotland matches.



Alcoholism and deviation may be linked: NZ study

AUCKLAND — A high proportion of alcoholics showing signs of sexual deviation has been found in a study at a New Zealand psychiatric hospital.

Among 97 patients in the study of diminished sexual functioning in male inpatients dependent on alcohol, 19% had performed sexual crimes and a further 28% had repeated thoughts of sexual crimes.

Fourteen repeatedly thought of rape and nine had actually committed rape. Five had repeated thoughts of incest and three had committed it. Three had thoughts of pedophilia and two had committed pedophilia. Five had thoughts of homosexuality and four had committed homosexual crimes.

"Clinically," M. E. Vijayasenan reported in the *New Zealand Medical Journal*, "it appears that persons presenting with sexual deviation and alcoholism have an innate desire to be deviant and alcohol just releases the restraint; this includes all types of sexual deviations . . .

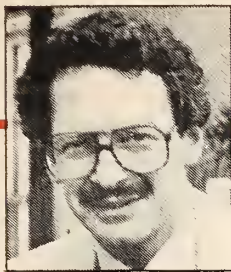
"From the diagnostic point of view, complaints relating to sexual functioning should be considered in terms of the possibility of co-existing alcohol abuse and it may be worthwhile to ascertain the drinking habits of every sexually dysfunction(al) patient on initial evaluation."

Dr Vijayasenan, psychiatrist at Porirua Hospital, Wellington, said sexual dysfunction affected 71% of the patients for more than 12 months prior to admission. The principal disturbances were diminished sexual desire (58%) and ejaculatory incompetence (22%).

The patients were aged from 16 to 60. The duration of alcoholism was from two to 20 years. Sexual dysfunction was most common in spirits drinkers.

Dr Vijayasenan said further investigation of the association between alcoholism and diminished sexual functioning should include studies of autonomic neuropathy, together with hormonal studies in alcoholics with sexual dysfunction. He added that "it would be interesting to know what alcohol ingestion does to female sexual function."





GILBERT

Marijuana: Scylla and Charybdis (1)

By Richard Gilbert

In Greek mythology, Scylla and Charybdis were monsters living on either side of the narrow northern end of the Straits of Messina, which separate Italy and Sicily. Sailors who steered well clear of the rocks near what is now the town of Scilla, on the Italian side, would run afoul of the whirlpools and maelstroms near the Sicilian promontory known today as Punta del Faro. When classical allusion was in vogue, poets, priests, and politicians used Scylla and Charybdis as shorthand for twin evils so juxtaposed that avoidance of one led to danger from the other. Now we speak of frying pans and fires and friendlier things than monsters or maelstroms. But, some dilemmas demand stronger metaphors. We would do well to think of resurrecting Scylla, a six-headed, 12-legged, sailor-eating sea monster, and Charybdis, a greedy giant of a woman who sucked up the ocean three times a day and spat it out, to represent the two sides of the argument about marijuana legislation.

The problem is whether or not to relax the laws that prohibit the use and sale of marijuana; and, if they are to be relaxed, how far to go. Our Scylla is a prohibition that is flouted so openly and with so much contempt as to bring law and order into disrepute. Our Charybdis is official acceptance of marijuana, and the resulting corruption and impairment of our young people that could grow larger the further we steer from the perilous rocks of prohibition.

The case against change

The case for making no change in the marijuana laws seems to be gaining ground. The core of this position was put in a letter to *The Journal* last month from Ingrid Lantner. She said that restricting drug use is "a question of survival." "During the next few decades," Dr Lantner argued, "it's unlikely that countries where mind-altering drugs are used by a majority of the work force, intellectuals, and even the leaders, will be able to compete with countries where drugs are virtually unknown."

"If the present drug abuse trend continues," Dr Lantner went on, "we will soon acquire an unmanageable number of emotionally, intellectually, and socially handicapped young people, unable to function effectively, if at all, in an increasingly complex and demanding world." Her plea was that legislation not be changed at least until the general public has been given a chance to learn about marijuana's chronic effects.

For reducing penalties

Changing the law now is nevertheless the more popular direction — at least it seemed to be last October when the results of a Gallup Poll were reported as indicating that 57% of Canadians wanted some relaxation in our marijuana laws. Of these, very roughly a third wished merely to reduce the penalties for simple possession, another third wanted to permit use of marijuana but to keep it legally unobtainable, and the other third wanted it sold in government-licensed premises.

People who want only to reduce penalties are likely impressed by arguments such as those put by Dr Lantner, but wish to keep convicted offenders out of jail. Current practice, except in Alberta, is to award no more than a fine for simple possession, even for second and subsequent offences. Thus, for most of the country, this position represents no movement toward change, except a change in the apparent severity of the crime of marijuana use.

Merely reducing penalties was the minority position of Ian Campbell, member of the Le Dain Commission on

the Non-Medical Use of Drugs, which reported in 1972. Dr Campbell argued that "repeal would be followed by a marked increase in the numbers who use cannabis." He also argued that even though "far heavier potential penalties have clearly failed to deter . . . reduction of penalties [to a maximum \$100 fine] will on the one hand maintain most of the existing deterrent capacity of the law and on the other hand help to reduce the stigmatization of those convicted to appropriate levels."

For allowing use

Thus only about 40% of the respondents to the 1980 Gallup Poll wanted real change. The half of these who would allow people to use marijuana but not obtain it were expressing a view similar to the majority position of the Le Dain Commission. The commission noted that the increasing number of convictions for simple possession, which had reached 8,389 in 1971, "will place an intolerable strain upon our resources, taking up an increasing amount of the valuable time of police, prosecutors, and judges. It is already overburdening our system very severely." The commission argued, however, that the most serious aspect of the current law was its impact on the several thousand young people "unlucky enough to be caught" who suffer "the stigma and other consequences of arrest, trial, and criminal conviction — and also its impact on their parents."

Other features of the commission's case for repealing prohibition were that the present law (i) encouraged the development of an illicit market, (ii) obliged users to deal with "real" criminals who trafficked in other drugs, (iii) encouraged the development of a deviant subculture, (iv) undermined the credibility of drug education, in particular information about more dangerous drugs, (v) required the use of extraordinary methods of enforcement, (vi) created disrespect for the law and law enforcement generally, and (vii) reduced the morale of law enforcement authorities.

In spite of, particularly, the first two of these points, the commission argued for the retention of the prohibition upon trafficking in marijuana, albeit with reduced penalties. The three members who wrote the majority view said that "the costs to the individual and society of maintaining a prohibition of distribution are severe but they are justified by the probable effect of such a prohibition on availability and perception of harm, in contrast to the likely effect on both of a position of legal availability."

For licensing sale

The remaining 20% or so of the respondents to the Gallup Poll appeared to endorse a position similar to that of Marie-Andrée Bertrand, the fifth member of the Le Dain Commission. She argued that although a million or more people had used cannabis in Canada, "very few of them have ever required medical or psychological treatment as a consequence," and that "the probable consequences of legalization [would be] less harmful than the evils of prohibition. Prohibition is very expensive economically, socially, and morally. It undermines the educative value of the law."

Professor Bertrand's argument for government-licensed distribution was based chiefly on the notion that "it is not acceptable to claim that it is enough to 'decriminalize' cannabis use. An important economic activity is developing in this country and would continue to develop without controls on price, on quality or on the involvement of organized crime ('decriminalization' of

cannabis use alone would inevitably expand the illicit market and encourage the involvement)."

Since Le Dain

Three things have happened since 1972. One is that many more people have used marijuana and many more are using it regularly. The commission estimated the number of users in 1970 to be in the order of half a million. The best estimate for 1978 is that more than three million Canadians used cannabis in that year. One third of the users were under 20 years of age. The number of convictions for cannabis offences has increased too, from 6,270 in 1970 to a peak of 37,812 in 1977. Informal reports suggest that smoking hashish may have been more popular in 1970 but that now marijuana is more widely used, much of it grown domestically.

The second change since 1972 is in the amount of evidence concerning marijuana's harmful effects. There is more evidence now that smoking one or two marijuana cigarettes might lead to impaired coordination, loss of memory, a distorted sense of the passage of time, eye reddening, increased heart rate, and, more rarely, panic, paranoia, and hallucination. There is more evidence that chronic use can lead to apathy, lung cancer and other bronchopulmonary diseases, reduced fertility, decreased immunity from disease, and physical dependence. (See *Cannabis: Adverse Effects on Health*, *The Journal*, Jan 1980.)

But, the improvement in the quality of this evidence should not be overestimated. Almost as good evidence on many of these points was available to the Le Dain Commission. In its interim report, published in 1970, the commission said that it might take as much as 10 years to answer important questions respecting the effects of cannabis use. Ten years later, *The Journal's* summary of adverse effects noted that "our knowledge concerning cannabis is at the level of case reports, some experiments, and small group studies, but the crucial epidemiological observations are still lacking." (Paradoxically, it will be possible for us to make these crucial epidemiological observations only when marijuana use is legalized.)

The Le Dain Commission was also concerned about marijuana's effects on maturation, because of the prevalence of teenage use, and about the possibility the use of marijuana might lead to the use of heroin and other drugs. Again, the evidence on these points is hardly more conclusive than it was 10 years ago.

The third change since the Le Dain Commission report is in the quality of the evidence concerning the effects of prohibition, as a deterrent to use, as a damper of the lives of the one percent or so of users who are caught, and as a cost to government. There is now evidence that reducing maximum penalties for marijuana possession in certain parts of the United States did not cause greater use, that decisions to abstain from cannabis are rarely made because of fear of prosecution, and that convicted individuals generally continue to use marijuana as if they have not been caught. Being caught can have a profound effect on other aspects of users' lives. A convicted user can have problems getting a job, on account of a criminal record, and family problems, especially when the news of the arrest or conviction is unexpected. But the incidence of severe effects seems to be low. Most convicted users seem merely soured by the experience, and even more disrespectful of the law than before they were caught.

The annual cost of enforcement of the

marijuana laws in Canada appears to be in excess of \$100 million. A greater cost to government is foregone taxation. Even if marijuana sales were to attract only a 10% tax, the likely income to governments in Canada would amount to several hundreds of millions of dollars.

Laughable laws

It seems to me that we have reached the point where our laws about marijuana use are laughable and that we must change them or find better justification for them. The *Globe and Mail*, Canada's solemn newspaper of record, recently ran a revealing little story about a New York City jogger who thought he had found the answer to his threadbare lawn. He saw tacked to a tree a notice bearing the simple words "High quality grass" and a phone number. The *Globe* piece wryly explained the ensuing confusion and unexpected satisfaction. The incident could have happened in Montreal, Toronto, or Vancouver. The important thing is where the story appeared, not in *High Times*, or even in *Penthouse*, but in the good old *Globe*, which reflects more than sets the opinions of the day. A similar story on heroin or cocaine would not survive editorial scrutiny.

When I see police officers ignore marijuana use and, in one case, even joke about the smell, I am offended, not because the criminals are getting away with it, but because the police have been put in such an absurd position. If they were to engage in serious enforcement of the present law, our legal system would be paralysed within a few days. Indeed, when an association for marijuana law reform urged people to plead not guilty when charged with simple possession, court officials warned that the entire system of justice would come grinding to a stop because the Crown would be required to prove the charges in every case.

Even though some individual policeman may regard the marijuana legislation as a joke, and many more may be disturbed by their obligation to lay criminal charges for what they regard as a trivial offence, the Ontario Association of Chiefs of Police has recommended tougher penalties for cannabis use. Since a person sharing a marijuana cigarette with another is now, at least in theory, liable to life imprisonment for trafficking, it is difficult to see what the police chiefs had in mind — hard labor for life? the death penalty?

Severity of sanction and use

The police chiefs wanted tougher marijuana laws so that use would decline. The opposite might happen.

Marijuana use was made a criminal offence in Canada in 1923, when hardly anyone was using the drug. Shortly after, consumption began to rise. Users remained relatively few until 1961, when the maximum penalty for sharing a marijuana cigarette was increased to life imprisonment. The population of marijuana users doubled during the next five years. By 1970, the number of Canadian users was in the hundreds of thousands. Now it is in the millions.

If you are looking for a cause-and-effect relationship between legislative change and prevalence of consumption, it is difficult to avoid the conclusion that increasing the severity of the official response to marijuana use has had the paradoxical effect of increasing the number of users. It may be better not to look for such a relationship.

Next month: Richard Gilbert concludes his argument for the legalization of marijuana use and for the licensing of marijuana distribution by provincial governments.

NEWS

US military at war with 8% addiction in armed forces

By Michelle Kogstad

WASHINGTON — Approximately 8% of United States armed forces personnel are dependent on alcohol, drugs, or a combination of both, says a survey carried out for the Department of Defense (DOD) at 81 installations at home and abroad.

The survey sample of 19,582 active duty personnel in the four services found 7% were alcohol dependent, and 4% were physiologically or psychologically drug dependent. Further analysis is now being done to determine the number of polydrug abusers.

While the alcohol figure covers all personnel from lower enlisted to full colonel, the drug figure primarily concerns lower rank, enlisted servicemen. Few in other ranks appear to use drugs, the survey found.

'Out the door'

Servicemen behave much as civilians of the same age, sex, education, and marital status. The report says: "There is no general pattern of non-medical drug use being more prevalent for military personnel than civilians."

A DOD official told *The Journal* that if people in sensitive positions are discovered to be "high" on the job, "they don't stay there long. As soon as they're identified in a sensitive position, they're pulled out of these positions until such time as they are rehabilitated. They're kept out if they don't meet successful rehabilitation. And that's short term treatment and rehab."

"If the person is not cutting his weight, and normally we talk about within 60 to 90 days of identification, if he's not fully back on

the job and performing — maybe not the same job but at least performing effectively — then he's on his way out the door."

Although drug use appears to be similar in military and civilians in the 18- to 25-year age group, the official said that when "you're talking national defense and the military service, you're talking about a standard of performance and behavior that has to be a cut above the folks on the street. It's just got to be higher than that. That's the whole thrust of our prevention programs."

It was found that during 1980 more than one-third (36%) of the military personnel reported they had used some type of drug non medically within the 12 months preceding the prevalence survey.

The main drug, almost without question, is marijuana. The survey reported that "figures for marijuana or hashish use are much the same as those for any drug use, indicating that nearly all users of non-medical drugs used at least marijuana or hashish." None of the other drugs in the survey approached marijuana in popularity.

In the past 12 months, 35% of the armed forces reported use of marijuana or hashish. Twenty-six percent reported use during the preceding 30 days, and 19% reported use at least once a week during the preceding month.

The percentages of personnel using other drugs — amphetamines, barbiturates, cocaine, PCP, and opiates — in the past year runs from 13% using stimulants to 2% using opiates. The report says it is clear there are "substantially fewer regular users than occasional users," and concludes that, despite a small number of addicted personnel,



The defenders: when "you're talking national defense and the military service, you're talking about a standard of performance and behavior that has to be a cut above the folks on the street," said one Department of Defense official.

"the overwhelming majority of non-medical drug use in the military is occasional or experimental in nature."

"The type of work impairment most frequently reported by junior enlisted personnel was 'high while working' (19 percent)." Half of this population said this had occurred on 40 or more days during the last 12 months.

Impairments

While "substantially lower proportions" of junior enlisted personnel reported other work impairments, such as lowered performance (10%), late for work/left early (6%), and did not come to work (4%), "nearly all of them also reported being high while working."

The Army, Navy, Marine Corps, and Air Force all have a "shape up/ship out" policy. The DOD official said: "If we can't prevent it, then we identify the person and get them into treatment and rehabilitation."

"If the short term treatment and rehab don't show results in short order, then they're separated (from the service). If they're dependent, they go the Veterans' Administration (VA) for treatment. If they're not dependent, then they're separated and referred to the VA or appropriate treatment agencies."

The DOD official said the "military has consistently found the majority of users of illicit drugs, as in the society as a whole, are Caucasian."

"The evidence we have shows alcohol tends to follow precisely the racial composition of the force. Drugs tend to follow slightly increased Caucasian usage and lower black usage."

Alcohol was looked at separately and it was found, not surprisingly, that most US military personnel (83%) drink at least occasionally.

Worldwide, most servicemen drink beer (73%); 26% drink beer at least three times a week; 51% drank hard liquor in the preceding

month, but only 8% drank it as often as three times a week. Wine was least frequently consumed.

"Heavy drinking was reported almost exclusively by enlisted personnel," the survey said.

Beer popular

Heavy drinking was defined realistically: consumption of eight or more "drinks," which is one 12-ounce can, bottle, or glass in a single day. Beer was preferred and "on a typical day in which beer was consumed, eight percent drank eight or more drinks (96 ounces)."

Heavy drinking of hard liquor was almost as common as heavy drinking of beer: 6% reported "consuming eight or more drinks of hard liquor on a typical drinking day during the past 30 days."

Lowered performance was the most frequently reported type of work impairment (22%), and was followed by late for work/left early (13%), and drunk on the job (11%).

Manitoba foundation gets 25% budget boost

By Manfred Jager

WINNIPEG — The Manitoba government has awarded a 25% increase in budget to the Alcoholism Foundation of Manitoba

(AFM) and the foundation says it will use the cash to beef up existing programs and start new ones.

Spending estimates made public by the province in early February said the foundation will receive

almost \$6.13 million for the year ending March 31, 1982, compared to \$4.9 million for the year ending March 31, 1981.

Gary Miles, chairman of the foundation's board, said he is pleased with efforts made during the past few years to put his agency on a sound financial footing. Three years ago the health department reviewed the foundation's operations, and found a number of budget and administration problems.

EAPs expanded

Since then, changes have been made and AFM operations have been turned around, Mr Miles said.

The budget increase now approved will allow AFM to start a new program aimed mainly at young people in school, Mr Miles said. The program will deal with alcohol and drug related education.

The foundation's employee assistance programs will also be expanded, said Mr Miles. This achieves "repatriation of a lot of lost dollars" by helping people back to productive jobs in the community.

Last year, the foundation began work on out-patient treatment

facilities in Winnipeg. The additional money will allow this program to expand across Manitoba, the board chairman said.

David Cruickshank, AFM executive director, said the budget increase was urgently needed to enable his agency to respond to drastic increases in the demand for service from younger Manitobans.

"We had 81 people enrolled in our non residential Christie Centre youth program during the last quarter of 1980," Mr Cruickshank said. "Just a few years ago, that figure was under 20."

Referrals for the youth program have come from schools, police, physicians, and social service agencies throughout Winnipeg.

"It's not just alcoholism per se, but alcohol abuse as well," the executive director said.

Youth programs

"We work directly with young people in trouble," Mr Cruickshank said. "But we don't stop there. We also work with parents and teachers."

AFM now employs two full time alcoholism counsellors in its youth program, but hopes to increase this to at least six by year's end.

The new staffers may well be

former abusers who have been helped and then received special training to help others.

Staff increases will bring the total AFM payroll to 138 by 1982, Mr Cruickshank said.

"We also need to do much more in our industry-based employee assistance program, which is going very well right now."

Thirty such company-based programs now are under way, with clients from both labor and management in most of these programs.

No 'miracles'

"We have consistently told the Manitoba government that we didn't want more money until we could be sure that our people and programs were ready to go," Mr Cruickshank said. "We warned the government not to expect miracles — but now we are ready to go."

The AFM executive director said his agency is putting the finishing touches on new staff effectiveness evaluation methods this spring.

"Once these programs are in place, we will be able to measure how we are doing in employee assistance or youth programs, for example. It will also mean that we'll be able to intervene better than ever before."

Producers gasahol-drunk, govt revenueurs tipsy, too

TORONTO — For the first time since Prohibition, organized crime in the United States is moving into alcohol.

What is luring them back to their old ground is the lucrative, virtually tax free gasahol industry.

Gasahol development was supposed to be America's way out of the problem of backed-up grain supplies, resulting from the embargo on grain to Russia, as well as the problem of high OPEC prices for oil.

Use up the mountains of excess grain by turning it into alcohol, it was thought, mix it with gasoline, and you've stymied the Russians and OPEC in one fell swoop while helping to solve your own energy problem.

The US government poured in massive subsidies but, according

to Harvard University oil expert Tom Stauffer, as reported in *The Guardian* of Manchester, someone didn't do the sums right.

The major subsidy was remission of state and federal taxes, ranging from 80 cents to \$1.40 a gallon of alcohol. The alcohol only costs about \$1.10 to produce.

Prof Stauffer noted that one plant paid back its total investment cost in its first month. Some corporations have used the tax credit to write off the cost of a new plant.

Meanwhile, the plants guzzle gasoline greedily to produce gasahol. Prof Stauffer estimates that it costs the US \$180 to save a barrel of imported crude oil worth \$40.

What happens, Prof Stauffer asks, if OPEC catches wind of US willingness to pay more than the going rate?

HoS — Some 'beautiful cooperation'

By Jon Newton



Styx in concert: overdosing and drunkenness among fans have been cut dramatically at Rochester rock concerts by Heads on Straight group.

obstruction, perhaps, but there's no law against being drunk.

"We'd have youngsters coming in who'd gotten drunk before the concert. They'd arrive with beer in their bellies, pot hidden in their socks, and maybe they'd pop another pill at the show. One night, for example, we had 35 ambulance runs."

He said he and his fellow officers had no desire to "lock the kids up." For one thing, no facilities existed at the police station for caring for overdosed or intoxicated youngsters. But often there was literally no other way to deal with them.

"We really didn't want to put these kids in jail," he continued, "but we just couldn't care for them. But when the HoS people arrived, they set up a bunch of cots in the recovery room. They had volunteers to interface with the victims one-on-one, and it seems the problem has now been largely taken care of. It's rare these days that we have to lock anyone up."

"In fact, since HoS started, we probably haven't arrested more than a dozen people for all events, including these rock concerts, and we've noticed a really big drop in the number of kids with drink or alcohol problems resulting from these shows."

"Before we'd probably average three or four arrests per night, but not now. We are very, very impressed and to tell the truth, it's a great cop out for us. HoS makes our job so much easier it frees our men to deal with more serious problems, and it's much, much better for the kids."

Eileen Coyle owns and runs Monroe Ambulances, the Rochester company which normally gets the job of carrying sick fans to hospital for treatment.

"HoS is a kind of baby-sitting thing for kids with drug or drink problems," Mrs. Coyle said, "and they've really taken the pressure off us and the hospitals. It's excellent."

"Before HoS, our crews had to try to deal with the patients. But now there's a room where the patients can recover and someone who knows about the problem is there to watch over them, which means we don't have to take them to hospital."

DAC meeting to study HoS

ROCHESTER, NY — Heads on Straight has attracted such wide attention since its inception that the Drug and Alcohol Council is co-sponsoring with the City of Rochester a conference on April 2 and 3 to present the plan of cooperative community effort which led to the establishment of HoS.

The conference will be geared to professionals in the areas of human services, city government, police departments, facility management, and rock radio stations.

The DAC is a 49-year-old private membership organization operating in the city's Metro area and totally supported by donations from individuals, groups, and industry based in the community.

continued, "WCMF was the powerhouse, the main driving force which finally got something happening here in Rochester."

"The Council is privately funded," Mr. Manning said "and quite honestly we didn't have the resources. WCMF took quite a lot of our T-shirts, but it cost well over \$5,000 in staff time alone without calculating other costs."

"We went on like this for about a year-and-a-half, and finding money became a little touchy. By design we had decided not to go to the government, which means HoS is not involved with any federal or state agency. We were thinking of trying to work with the city on a contractual basis. But in the end, we went directly to Gladieux, who were obviously under a heck of a lot of pressure from the community and newspapers."

HoS teams were at their first concert in January 1979. Canada's Rush, one of the most provocative groups, was to have been featured but "fortunately" they cancelled and the J. Geils Band appeared instead, giving HoS a less traumatic debut.

As the project got under way, the tide of negative newspaper coverage halted. With one exception, said Mr. Manning, the media noted the change starting to become evident at rock shows.

However, he said, HoS has an ongoing problem. Beer is sold at all concerts and "that's kind of like going to a fire and trying to put it out with gasoline." And the groups themselves sometimes create problems through their images, he said. Rush and Cheap Trick (the latter then scheduled for a Feb 17 concert) are named as being "notoriously heavy" for HoS, but this is largely because of the attitude of followers rather than the groups themselves.

"When we work Billy Joel or Supertramp concerts, we know we're only going to need a small group of volunteers," he said, "but groups like Rush and Cheap Trick attract trouble because they draw a younger audience, and we always have problems in that sort of situation. The young kids go in for heavy partying and aggressive behavior in a big way."

Mr. Manning thought discussions with the band might help, but said he and his co-workers had not yet managed to break that particular barrier. One of HoS' objectives is to get to the groups.

WCMF, however, has worked with HoS closely on involving musicians in the project. "They've been able to get some of the artists coming to the area to tape spots on safety and so on," he said.

"The station is really important to the project. Not only have they helped with these spot announcements, they've invested in our T-shirts, they've supported us in every way they could, they've recognized that the problem exists and are doing everything they can to help."

WCMF news and public affairs director Jim Hooley told *The Journal*: "Before things started to happen with HoS, the papers were full of incidents of stabbings and kids getting out of hand with booze and drugs. People were being taken off to hospitals and being arrested, and the

whole scene was turning very ugly.

Then, said Mr. Hooley, a listener who had heard of a project similar to HoS in another part of the United States, phoned WCMF with the information. Then he approached Manning, "and that's where it all began."

"At first, we broadcast the information on regular news spots, but as HoS found its feet these items were needed less and less until today most people know about the service. In fact, what we have here is a beautiful display of cooperation not only between the DAC and us, but also with the city, the people who run the War Memorial, and the concertgoers."

"Everyone realized things were going from bad to worse, and the people who ran the ambulances didn't really have the expertise to deal with overdoses and so on — they wouldn't know what to do with a kid, say, who'd been mixing downers with alcohol. HoS, though, have a better insight into things like this and they've really cut down the arrests and ambulance runs."

"In addition, a lot of the groups come in here for interviews just before their shows and I try to get them on one side and say: 'Hey fellas, we've got this program going and would you mind doing a public service announcement for us?' They usually cooperate because they know there's a big problem at concerts generally. They could be hit with a beer bottle themselves, so this is a good way for them to help."

Tim Manning said before HoS was actually operational, one of his staff members attempted an analysis of what was happening and came up with the view that a major difference between the rock scene of the 60s and today was "the tightness of the culture of that time has been dissipated. People no longer take care of each other."

"Our aim, which has been dramatically successful, was to get concertgoers actively helping each other until today we have about 100 peer volunteers available, and all trained by the Council."

One other highly important factor, he said, was the news media no longer have any reason to "cover anything other than the review of music."

Prior to the emergence of HoS an average of eight people were taken to hospital after each concert and about four were arrested, which meant the unavoidable involvement of both hospitals and the police.

In its first year, HoS helped approximately 800 teenagers without involving the law or medical authorities — a fact that has not gone unnoticed by the city's enforcement department.

Police lieutenant Eddy Bastian was responsible for organizing police details at the concerts, and he now finds he and his men have little to do, a fact he finds most encouraging.

"Our main problem in Rochester," he told *The Journal*, "was due to the fact the city has absolutely no intoxication law. About the only thing we could do before HoS was arrest the kids if they plugged up the streets. We could get them for



Billy Joel: his fans are reasonably well behaved.

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A monthly report for professionals on developments, issues, and events of national and international significance in the field of alcohol and other drugs.

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Why pot smokers don't stop: bad counsel

Criminal and anti-social conduct is often caused by the effects of regular marijuana use. This is one major finding of a longitudinal Maryland Drug Abuse Research & Treatment Foundation (M-DART) study begun in 1964 at a private psychiatric hospital and scheduled to end in 1984. Over 3,000 subjects and several hundred controls were involved. Interim reports were presented at three national annual drug conferences in 1976 and 1979, two in the United States and one in Canada, and were subsequently published in proceedings.

At these meetings, interestingly,

our findings were received with hostility bordering on near physical violence. The sight of PhD's and others in the drug abuse field foaming at the mouth at this insult to their beloved weed was fascinating, though not novel. The closed minds and passion of these "social smokers" — admitted privately only — tended to validate certain of our findings.

Excluding physiologic effects, two conditions result from pot use:

(1) A brain syndrome was found in over 70% of adolescents and young adults, age 13 to 25 inclusive. Symptoms include diminished

concentration and attention spans, lessened frustration tolerance, and recent recall aptitude. Ability to learn was greatly impaired. A speech blockage, flat affect, and poor judgment were prevalent. Ability to do complex or analytic thinking was very low. It may be a coincidence that:

(a) Over 80% of high school drop-outs, 1967-1974, were pot users in two suburban schools where student body incidence of use was 30%.

(b) Excluding opiate addicts (70% of whom began with pot) and drunks (usually involved with

crimes of impulsive violence), close to 90% of those confined in jails had a history of pot use (Maryland 1968-1974).

(c) Marked behavioral, personality, and attitude changes began after one to three months of regular use in 70% of this 13 to 25 age group.

(2) Thought disorders, and in some cases mood disorders, were found in smokers of all ages. Simplistic, emotional, ego-protective, and great-cause oriented thinking were most common, as was a suspiciousness at times bordering on paranoia. Unusual, weird, even bizarre behavior has been associated with cannabis use for centuries, except of course by our modern pot lovers. The "magical thinking" these folks do, where opinion becomes fact, makes it impossible for them to accept even the possibility that pot may cause mental deterioration or other adverse change. And this group includes many of our "experts."

The greatest damage to our free society, however, may come from those pot lovers of highest intellect, our "social smokers," who, often in positions of authority and outwardly appearing quite normal, become warped or unstable thinkers or doers. Though the only crime these folks commit is just smoking dope or snorting coke, their cultural and societal influences can be disastrous. Where are these people? In Congress. In Academe. On the Bench. In the

White House. In the governmental bureaucracy. In Journalism. In Entertainment.

The worsening situation is compounded by theorists and the like, mostly straight, who tend to believe that people, not drugs, cause problems. What a tragedy for prevention, education, and research this false theory has been, not only in drug abuse but in crime.

M-DART studies now come very close to proving that substance abuse causes sociopathy or behavioral change akin to it.

Criminologist's Erickson's study of 90 pot smokers (**The Journal**, Nov 1980) is partially valid in that those "busted" for pot use do not change their smoking habits appreciably. Why not? Because the counselling they are exposed to, if any, is so ineffective, so pitiful. M-DART, on the other hand, finds this legal intervention greatly beneficial to those provided effective therapy, who did stop smoking dope. In a short time, one to three months, the individual himself noted an improvement in mental alertness, family relations, capabilities, realistic outlook and desire to develop, to progress.

We all do have the same goals. Pray that we all have open minds.

Alfred V. Miliman, JD
Director, M-DART
Baltimore, MD

'Cut the con game'

As a subscriber for more than five years, I compliment you on a good job of choosing, collecting, and publishing articles about what must be the greatest, and apparently unending, con game in the world.

Your Nov 1980 issue has some very good articles. Cannabis laws are said to be failures (page 1) and implied to be failures in the introductory paragraph on page 7, but nothing has been done about what has been obvious for years.

As a complementary article to the failure of laws and the criminal justice system perhaps you could give us an article on the devastation brought to the lives of drug users by the mere act of putting them into prison for this sin.

A new heroin epidemic is supposed to be on its way. Perhaps you can list the number of reported epidemics that we have had in the past (I'm sure it is at least one a year). Then, as a companion piece, perhaps we could have a list of the reports that go "Enforcement efforts bring heroin use under control" (I'm sure there are at least two of these reports per year).

Heroin is said to be a poison, yet it was the drug of choice in childbirth before its ban in 1955 because it was least damaging to the fetus.

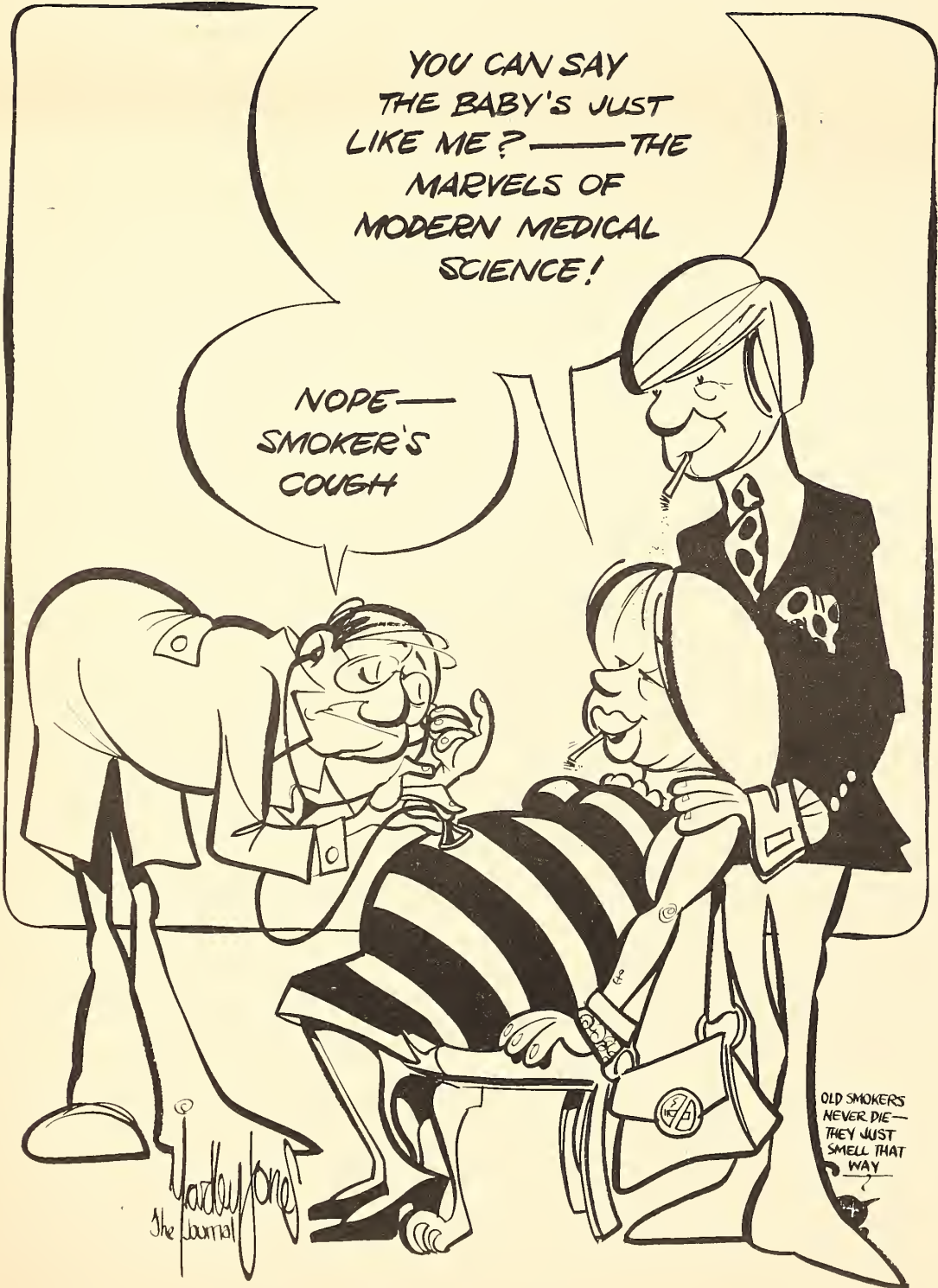
One could go on and on listing the myths and misinformation peddled about, but perhaps you could give us more of the reality in the future even if it upsets those who have a vested interest (jobs, prestige, power, excitement, etc) in perpetuating the present drug con game.

R. L. Foster
Chartered Accountant
Burnaby, BC

'TJ keeps you up to date'

The Journal is the best way I know to keep up to date on developments in the addictions field. You make available worldwide data never seen anywhere else. Keep up the good work.

Rev I. Harvey
Brandon, Man.



HEROIN UPDATE

600 tons of new opium expected by April

The Triangle comes back

— Thomas Land reports —

GENEVA — The rains have come, after a two-year drought, to the parched hills of Asia's Golden Triangle.

They have brought prospects of a bumper opium poppy harvest by April, estimated at 600 tons and destined mainly for the desperate black markets in North America and Western Europe.

And they have placed a Canadian-inspired community development scheme aimed at crop substitution under strain.

Until recently the rugged, ill-policed Triangle, comprising parts of Thailand, Burma, and Laos, was the world's principal source of illicit heroin. But an ambitious crop substitution campaign — reinforced by harvests ruined by weather conditions — has slowed down the region's

opium output. International attention has thus shifted to Iran, Afghanistan, and Pakistan, the so-called Golden Crescent of the Middle East, which temporarily became the world's chief supplier of black-market heroin.

Specialists of various United Nations agencies here have meanwhile spent millions of dollars to persuade villagers in the Triangle that they can grow coffee, rice, kidney beans, medicinal plants, and off-season vegetables just as profitably as opium poppies.

Health services

Farmers have received financial aid to buy seeds, tools, and fertilizers. A special fund has also been set up to guarantee a competitive minimum price for the region's new agricultural produce.

Canada's International Development Agency and the Addiction Research Foundation of Ontario (collaborating centre of the World Health Organization here) entered the scheme in a big way last summer. They are concerned about local drug dependence, an important factor

perpetuating poppy cultivation in a backward region where traditionally the only locally available medicine is opium.

The Canadian scheme, developed by H. David Archibald, a UN consultant and executive vice chairman of the Addiction Research Foundation, Toronto, is to establish essential health services in the Triangle by training local people and utilizing local resources.

Britain, the United States, and the Scandinavian countries are also deeply involved in crop substitution, deploying development aid finance to combat at source the international drug trade that increasingly affects their societies.

Canada is to invest thousands of dollars in health care services in Thailand, and the scheme follows a \$5.65 million Canadian contribution to a program for the control of vector-borne diseases in Burma.

Tough measures

Now the return of the rains in the Triangle will test the viability of the effort.

The drug syndicates, providing a traditional, if insecure, market for the

opium output of the region, have every reason to challenge the crop substitution scheme. For they are facing increasing difficulties in other areas of supply as a result of the war between Iran and Iraq, mounting hostilities between Afghan villagers and the Soviet Army, and tough measures by Pakistan aimed at controlling the local opium poppy industry.

Stable markets

A kilo of heroin fetches \$18,000 in Bangkok, but more than 10 times as much in Montreal, London, and New York. Pessimistic observers say the alternative crops cannot compete on economic terms with a lucrative produce like opium poppy.

But they could be wrong. Poppy farmers in the Triangle are paid by drug syndicates only a fraction of the black-market price of their deadly produce. Furthermore, the alternative crops available to the growers, together with a developing agricultural and public health infrastructure, offer them steady and stable markets as well as a better way of life.



Scraping raw opium.

Officers suspect much of the heroin may come from laboratories in isolated areas bordering on eastern Turkey and Northwest Iran. Pakistani material is not being brought overland through Turkey because its grayish color is easily distinguishable from the brownish heroin coming out of Turkey. Afghanistan is thought at present to have dried up as a source because of the Soviet Russian invasion.

No Iranians have been caught smuggling opium into Europe since last summer. But despite the Khomeini regime's reign of terror on drug traffickers resulting in numerous executions, the heroin trade is still thought to be active in Iran.

"There is no doubt the stuff is still being manufactured in Iran particularly because there is a high addict population there," said Mr Ellis of the UK Customs. "Northwestern Iran is a wild wilderness where laboratories are known to have been operating."

UK heroin plan 'nearing collapse'

LONDON — The rising tide of heroin abuse in Britain is leading to repeated calls for a full-scale national response to the problem.

The initiative is coming from doctors and social workers associated with the Standing Conference on Drug Abuse (SCODA).

They have pointed out that 10 years ago in Britain there were an estimated 2,600 addicts, the great majority receiving treatment. Today, in contrast, there were double the number of known addicts and probably a further 10,000 unregistered users. Meanwhile black market heroin was now easy to obtain.

Members of SCODA claim that the so-called British system of regarding hard drug addiction as a medical problem is on the point of collapse because the agencies dealing with them are under-financed.

They want to see freedom to prescribe heroin and cocaine — currently restricted to official clinic doctors — extended to medically qualified drug specialists outside the official centres.

Europeans dread heroin summer, fear revived 'connections' to US

— Sean Milmo reports —

LONDON — Anti-drug agencies in Western Europe are warning that large amounts of Southeast Asian heroin could be flowing into Europe this summer after an excellent opium harvest in the Golden Triangle. With the European market already well supplied with Middle East heroin, sizeable quantities of it could go eventually to North America.

Drug enforcement officials are also deeply concerned about the revival of a massive heroin smuggling operation between Europe and the United States similar to the so-called French connection of the early 1970s. This follows the seizure last October of a \$70 million haul of heroin from a furniture shipment from Palermo. This time the connection is run mainly by Italians, using laboratories in Sicily and raw materials smuggled from Turkey (*The Journal*, June 1980).

"The Chinese traffickers are going to want to get their market back from the Middle East producers," said an Interpol official in Paris. "But the Middle East boys are not going to sit back and let them take it. There will be a power struggle which could escalate into gang warfare."

Though much of the opium crop was to be harvested in the spring, Southeast Asian heroin was showing up in Europe as early as November and December 1980. A 51-kilo haul was taken off a ship which had docked in Poland bound for Denmark, one of the biggest heroin seizures in Europe for several years.

But Southeast Asian traffickers may find it difficult at first to compete with Middle East heroin both in terms of quality and price. Heroin from the Golden Crescent of Pakistan, Afghanistan, Iran, and Turkey has gained a virtual monopoly of the European market, last year accounting for 90% of the 1,000 kilos seized in Europe.

Producers from Pakistan, who have been exploiting the traditional cannabis trading connections to become a leading

source of heroin in Europe, have been busily improving laboratory techniques.

"Generally Mideast heroin is now of high purity but the Pakistanis seem to have been getting better and better at processing," said Brian Ellis, assistant chief investigation officer at the United Kingdom Customs & Excise.

Officials at the United Nations Division of Narcotic Drugs in Vienna believe there could be a drop in the Middle East opium crop this year.

"There have been fewer plantings in the main cultivation areas and there could be a fall in output as much as 50%," said Michael Davies, chief of the division's illicit drug section. But he thought enough material had been stockpiled to maintain the present level of supply — at least until the next crop.

Big demand

Drug agencies consider that Chinese No. 3 heroin, in previous years the dominant hard drug in Western Europe, would now be too impure to make any impact. Instead, traffickers from Southeast Asia will have to resort to purer but more expensive Chinese No. 4.

One European police official commented: "They are going to have to do some price cutting to get into the market and because of the large amount of Mideast heroin, the drug is cheap enough already — around \$100 a gram in some places."

Police and customs throughout Europe are watching intently to see whether Golden Triangle producers will try to work through old connections or through a new distribution network.

A major supply centre in Holland was eliminated after the Dutch expelled a large number of Chinese suspected of trafficking. An anti-drug official said: "Opium growers in the Golden Triangle have always been highly organized as producers, but they have never been much good as distributors. This might make things difficult for them in Europe."

Initially it is believed suppliers of Southeast Asian heroin will tread carefully as they test the market. But they might soon start spreading the drug around to allow addicts to gain a taste for it. And if they fail to create a big demand, they will look instead to the North American market.

Said an officer of the US Drug Enforcement Administration (DEA) based in

Europe: "Western Europe is saturated with Mideast heroin at the moment so it is highly probable there will be a spill over into North America. The US is the market traffickers of both Southeast and Southwest Asian heroin want to get into because it is the big one."

Seizure of the Palermo shipment showed a Europe/US heroin smuggling link is once again being forged. Soon afterwards two laboratories were raided in Sicily manned by two elderly chemists who had been processing heroin in Marseilles in the French connection days.

The DEA officer commented: "The Italians as well as Corsicans in this new set-up were involved in the old operation and they seem to be using the same distribution organization in the US. Some of those people convicted in the early 1970s are now coming out of jail."

The Italian/Corsican group has been getting morphine from Turkey. But with the mass of other heroin and morphine-based material coming out of Turkey, drug investigators are unsure whether it actually originates there. Last year it was estimated that two thirds of heroin in Europe came from or through Turkey with most of the rest coming from Pakistan and small amounts from Lebanon and Egypt.

A high proportion of all heroin seized in Europe was found in trucks and cars from Turkey at Yugoslav border posts on the Bulgarian and Greek frontiers. In six weeks between December and January this year 75 kilos were discovered by Yugoslav customs officials.

But drugs agencies are reluctant to blame the Turkish authorities for the big upsurge in trafficking through their country. Since the early 1970s opium cultivation in Turkey has been strictly controlled. All the output must be used for the manufacture of medicines.

Isolated areas

"The Turkish authorities are doing all they can to stop trafficking and they have had some notable successes," said Iain McLeod, deputy chief investigation officer at the UK Customs & Excise, who last year acted as a UN consultant to the Turkish government on ways of improving detection.

"Many carriers coming into Europe are of Turkish origin but that does not mean the principals are Turkish. Nor does the material itself necessarily come from Turkey."



Incised seedpod.

INTERNATIONAL

Accidents, alcohol, and industry

EAPS get a global push from the ILO



By
**Thomas
Land**

GENEVA — An action plan to confront alcoholism in business and industry is rapidly taking shape here in consultations involving the United Nations International Labor Office (ILO), the World Health Organization (WHO), and several key non governmental agencies.

One-third of all industrial accidents worldwide are blamed by ILO on alcohol abuse. A dramatic recent increase of up to 500% in the annual per capita consumption of alcohol in some countries has led to what WHO describes as "one of the world's major public health concerns threatening to slow down economic development and to over-burden the health services."

The talks leading toward a global strategy are being conducted here after a call made last year by Joe Morris, chairman of the workers' group in the ILO governing

body and former president of the Canadian Labour Congress. Mr. Morris urged management and labor to come together to face their joint responsibility in combatting alcoholism at the workplace.

ILO is seeking international acceptance for a scheme, variations of which have been tried already with much success in North America and Northern Europe, for the identification and rehabilitation of problem drinkers among the labor force before they slide beyond help.

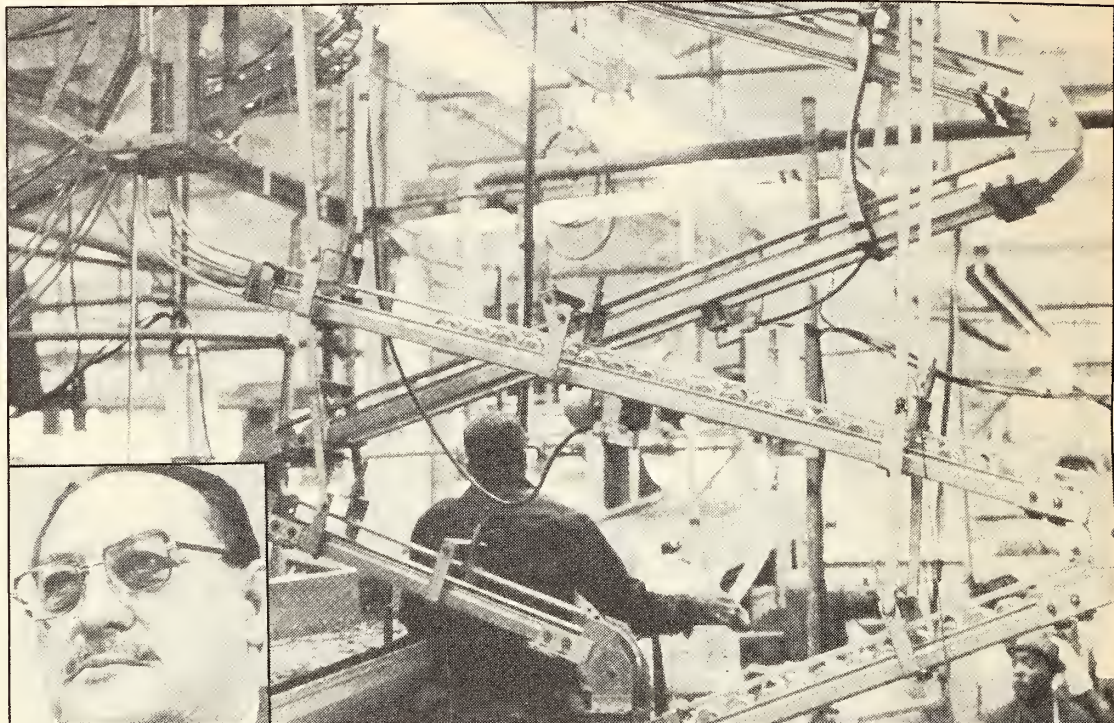
One organization based in New York City and comprising an alliance of business and union officials reports a success rate of up to 70% in saving the jobs of drink-troubled employees. There are well over 4,000 employee assistance programs run by companies across North America, some of which claim an 80% success rate.

By comparison, about 95% of employees not supported by such schemes who are identified by their supervisors as heavy drinkers are at high risk of losing their jobs.

A broader approach is taken in Northern Europe where unions and management are joined by government representatives in a combined effort to solve a wide range of problems in employment, including alcoholism, drug addiction, and other disabilities. Many ILO policy makers favor this approach because they believe that it tends to do away with the social label "alcoholic" on problem drinkers seeking help.

WHO wants to persuade governments everywhere to undertake vigorous educational, financial, and legislative measures — including the prescription of compulsory attendance by heavy drinkers at rehabilitation centres as a condition of their continued employment.

Alcoholism is a special health risk in areas of rapid industrialization. WHO says that drinking may well increase the family breakdowns caused by the widespread migration of destitute landless peasants drawn from the depressed countryside of many poor countries to the industrial



Joe Morris (inset) chairman of the workers' group in ILO, has urged international management and labor groups to solve the problems of drinking and industrial accidents.

magnets of the big cities.

The architects of the global program consider the moment ripe for coordinated action. Britain is about to introduce a variety of measures to reduce its alarming incidence of alcoholism; related measures are being planned elsewhere.

Patrick Jenkin, the British Minister of Health, probably expressed the view of many governments when he recently told a specialist conference that "we are facing a major and increasing epidemic" and called on employers and trade unions to join forces in order to combat it.



Barbiturate use down in NZ; non barbs up

AUCKLAND — Consumption of barbiturates in New Zealand has fallen from a peak of 27 million tablets in 1968 to five million in 1979, following a Health Department campaign aimed at both doctors and the public.

Meanwhile, the prescribing of non barbiturate options has risen correspondingly — 22 million tablets of nitrazepam (Mogadon), for example, are now prescribed annually.

According to the Minister of Health, George Gair, the consumption of tranquillizers has fallen by 14% since limits were imposed on the size of each prescription. Still, the total prescribed equals an annual 26 tablets for each of the 3.1 million New Zealanders.

Workers accident-prone after lunch, researchers deem alcohol the culprit

By Alan Massam

LONDON — A few drinks may make you four or five times more prone to personal accidents, a research project has shown.

The results, published recently by the Christian Economic and Social Research Foundation*, will add more fuel to demands here for better health education to prevent industrial accidents.

Researchers Peter Hawkins and Miltos Grisanos set up an L-shaped corridor with sensitized walls so that any contact could be automatically recorded.

Then they asked a group of

volunteers to pass through the corridor avoiding the walls after they had consumed a modest amount of alcohol.

Each volunteer was asked to carry a cardboard tube about 80 inches in length, weighted with sand, through the corridor. The number of times the walls were touched during the journey was recorded electronically.

The project established that a volunteer was between four or five times more likely to fail the corridor test if he had consumed the equivalent of two to four pints of beer.

The research, which was conducted at the Polytechnic of South Wales, was also linked

with a survey of three local factories where accidents were found to be concentrated in the first two hours of a new shift, or in the two hours after a lunch break.

"The researchers studied various possible explanations of the phenomenon of accidents happening with greater frequency at specific times, but concluded that it was consumption of alcohol which was responsible," a foundation spokesman said.

* Alcohol and Industrial Accidents, Christian Economic and Social Research Foundation, 12 Caxton Street, London SW1 H0QS.



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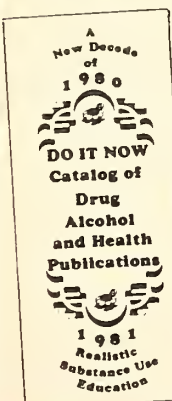
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*Ads still hold sway over developing nations***Smoking losing its glamor in First World**

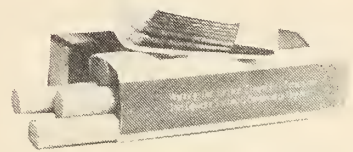
GENEVA — Cigarettes are rapidly losing their popularity in industrialized countries such as Canada, the United States, Britain, and France where people are learning to see through the glamorous smokescreen of advertising, says the United Nations' World Health Organization (WHO) here in a recently released survey on the effects of a global campaign against smoking.

Non smokers are now in the majority in many industrialized countries — although smoking by women and very young people is still on the increase even there.

In the long term, "the smoking habit has spread like wildfire," says WHO in its *Sixth Report on the World Health Situation* which has also just been published. "Although the developing countries have not yet had time to experience the grim increase in smoking-related mortality that has taken place in the indus-

trialized countries, they must expect it unless they halt and reverse their current increase in cigarette consumption.

"In many less developed countries, the epidemic of smoking-related diseases is already of such magnitude as to rival even infectious diseases or malnutrition as a public health problem."



Lack of information and clearly defined attitudes by public health authorities as well as the absence of appropriate legislation hinder efforts to limit cigarette con-

sumption in the developing regions, adds the WHO survey.

It goes on: "The emulation of lifestyles practised in the industrial countries, deliberately promoted by the tobacco companies, has resulted in a dramatic increase in smoking."

This is likely to be the chief topic of debate at WHO's Fifth World Conference on Smoking and Health, to be held in Winnipeg in 1983.

Neddd Willard, the WHO information attaché in charge of the global survey of national information campaigns and legislative and administrative actions, says he is encouraged. Given time, he observes, the world campaign is on its way toward "a decisive effect on this man-made epidemic."

Here are some highlights of the survey:

- Canada: Although 57% of Canadians over 15 years of age do not smoke, more teenage girls do. A nationwide "Weedless Wednesday" is staged each year to alert the public to the smoking hazard.

- United States: There are still an estimated 350,000 deaths a year due to smoking, but significant gains have been made since 1964, when 42% of American adults smoked. The current rate is 34%, which means that about 30 million smokers have successfully quit and millions more have not started.

However, more girls are smoking every year. The "Great American Smokeout" is held each year by the American Cancer Society to help make the public aware of smoking risks.

- Britain: A new voluntary agreement has been concluded between the government and the tobacco industry. Under the agreement, no advertising will be allowed for brands containing tar yields over 20mg. However, this will affect only a handful of cigarette brands and provide for a 30% reduction in

poster advertising. The Conference of Medical Royal Colleges has urged the government to legislate to curb advertising and sponsorship by cigarette companies.

- France: The Ministry of Health has launched a national program on smoking. Last year, April 7 (World Health Day) was the day of the "petite fleur" when the public was invited to give up tobacco for at least 24 hours. A wide range of public information activities included TV and brochure advertising.

- Australia: A "gentleman's agreement" has been reached between the government and the tobacco companies whereby the nicotine and tar content of cigarettes must be indicated on packages. Tobacco advertising on radio and television has been prohibited by law. Tobacco advertising through other sections of the media which are especially influential with youth has been severely restricted.

- Soviet Union: A nationwide propaganda campaign is under way.



Smoking by women and very young still on increase in most industrialized countries, while declining among general population.

Sotchi, a Black Sea resort, has been declared a non smoking city — cigarettes are banned from beaches, restaurants, offices, public and private transportation, as well as schools and hospitals.

- China: A big national anti-smoking campaign has been launched.

Habit's on the decline among youth in US

ANN ARBOR, MI — For the first time in years cigarette smoking by young Americans is in sharp decline, according to a study done at the University of Michigan.

In the report, sponsored by the National Institute on Drug Abuse, the scientists state: "Perhaps the most dramatic change in substance abuse now taking place among American young people is the sharp drop in regular cigarette smoking." They suggest the decline is a result of public health campaigns.

In the study, called *Monitoring the Future*, Lloyd Johnston, Gerald Bachman, and Patrick O'Malley have conducted a nationwide survey of 17,000 high school seniors every year since 1975.

"Earlier reports from the study showed smoking to have risen sharply among female seniors until 1977, by which time the long-standing difference between the sexes in rates of smoking had been eliminated," the researchers point out.

"Since 1977, however, smoking among high school seniors of both

sexes has been dropping. For example, the number of seniors smoking daily has decreased by more than one-fourth in just three years. In 1977, 29 per cent said they smoked daily, but by 1980 only 21 per cent said the same, with about half of that decrease occurring between 1979 and 1980.

As to the reason for these dramatic changes, the authors state: "We are inclined to attribute this change to a long-term increase in young people's health concerns about smoking, as well as to a sharp decrease in the perceived peer acceptance of smoking."

Young people are becoming increasingly aware of how many of their peers look unfavorably on their smoking, they said.

Dr Johnston adds that the problem has not gone away. Particularly among those young people not bound for college, cigarette smoking remains disturbingly widespread.

Some 36% of them reported daily smoking, compared with 19% of the college-bound.

Lebanese tobacco growers are mainly blaming smugglers.

While tobacco cultivation has slumped, the land area devoted to cannabis growing has increased substantially. Lebanon is now one of the main sources of cannabis coming into Europe from the Eastern Mediterranean.

According to the latest estimates, 5,000 hectares are now used for growing cannabis, mostly in the northern parts of the country.

The Lebanese government has been trying to persuade farmers to switch from hashish to other crops, such as sunflowers, which are easy to grow and whose seeds fetch reasonably high prices.

One Lebanese official recently commented: "The farmer is not growing hashish because he wants to create a problem but because he wants to make a living and he is making a very poor living even from hashish. Those who make the good profits are the smugglers."

Cigarette traffic ups pot growth

LONDON — Smugglers moving cheap cigarettes into Lebanon could be forcing tobacco farmers there to turn to cannabis growing and even opium cultivation.

Illicit imports of international cigarette brands, mostly from the United States and United Kingdom, whose market image attracts Lebanese smokers, have forced down sales of locally produced cigarettes made by the state tobacco monopoly, Regie des Tabacs.

As a result, the annual tobacco crop has fallen by half over the last six years to 5,000 tons. Part of the drop has been due to fighting in the south of the country but the

VIDEOTAPE

A Bartender's View

An insider's view of drinking in bars is offered by John Franchi, a bartender for the last 29 years.

How does the responsible bartender cope with customers who insist on "one more for the road"? What can he do about excessive drinking in his bar? How does he view teenage drinking?

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NEWS

Damage to addicts' DNA cumulative

Single morphine dose may hurt immune system

By David Milne

ATLANTA — A study at Emory University shows that the use of opiates may be more harmful than once thought.

Arthur Falek, professor of psychology in the psychiatry department and the Laboratory of Human and Behavioral Genetics, has found that even a single dose of an opiate such as Demerol or morphine will produce a suppression of the body's immune system.

This potentially harmful effect may persist in the body for at least a week and outlast the therapeutic benefits for which the opiate was prescribed. In particular, opiates suppress that portion of the immune system involving T-lymphocytes that are produced by the thymus gland.

"Our studies have included the effects of opiates on active heroin addicts, addicts undergoing withdrawal, and addicts taking methadone," Dr Falek said.

Chromosome damage

"We have seen similar T-cell depressions in single-dose in-

dividuals who have received Demerol or morphine for various prescribed medical reasons."

In a paper in the December issue of the *Journal of Immunology*, the Emory professor said this immune-system depression can be reversed by naloxone, a drug that works specifically against the effects of opiates.

In an interview with *The Journal*, Dr Falek said: "We found that in patients getting one dose of morphine for severe pain of coronary attack, for example, there was a depression of T-cells and also an increase in the frequency of chromosome damage."

Trend reversed

"But perhaps the most fascinating finding was that when opiate addicts went onto methadone for over one year, the trend appears to have been reversed and they then had a lower than average frequency of chromosome damage."

He found that in DNA repair studies, where they looked for "pyrimidine dimers," in non addicts there was great variability. But in opiate addicts there was no

repair process going on at all, meaning the damage was cumulative.

In this study, the cells of 90 controls, 43 opiate addicts, and a large series of addicts on methadone were examined.

The implication of the lack of DNA repair could mean an increased incidence of carcinogenesis, he said. Why doesn't repair take place? The studies indicated that the opiates do not bind

to DNA. Dr Falek concludes that opiates may have an indirect role in carcinogenesis.

Alterations

Summing up his work, Dr Falek said it is now known that several alterations occur in persons who use opiates. Alterations occur in the T-lymphocytes and the reactive sites can be altered drastically by opiate use. There is a return to normal T-cell levels when naloxone or dibutyl cyclic AMP is

given in vitro.

These results support the hypothesis, he said, that opiates can alter T-lymphocytes in number and function. And these alterations can cause marked degeneration in the immune competence of addicts, leaving them more susceptible to a variety of diseases.

His co-workers are Drs John Madden, Robert McDonough, David Shafer, Nannette Wenger, and Henry Rossman.

Rehabilitation statistics positive in Donwood's family treatment

By Donald Gregory Bastian

TORONTO — Fully 86% of the spouses or close associates who began the Donwood Institute's new Evening Health Service with clients being treated for alcoholism have remained in the program for 10 months.

Even more encouraging, Maureen Brine, director of the health service, told *The Journal*, is the fact that no one has left the follow-up phase of the program. Ninety families are attending.

"That's just unheard of. At the end of the first year of follow-up (May), I'll be pleased if the statistics still look that way," said Ms Brine, a psychiatric nurse.

She attributes the success to the program's emphasis both on the family members taking part, and on overall health rather than disease.

"The unique thing about the Evening Health Service is that we focus much more on health than repair of diseases. We're not looking at diseased livers. Our focus is toward achieving a healthier lifestyle in general.

"There's much more attention paid to lifestyle and stress management. That's not to say we don't talk about drinking, or that we're into a controlled drinking program. Abstinence is a requirement."

The Evening Health Service began in May 1980. It has three phases, spread over two years.

In the first phase, two to six weeks long, applicants and their families are given a health profile assessment, including examination of "intake patterns" — of drugs, alcohol, food, and tobacco.

Any need for detoxification or other medical treatment is attended to in this phase.

In the second phase, two nights a week for three months, clients and family members or associates design, with a nurse-counsellor, an individual health program to counteract unhealthful and stressful intake patterns.

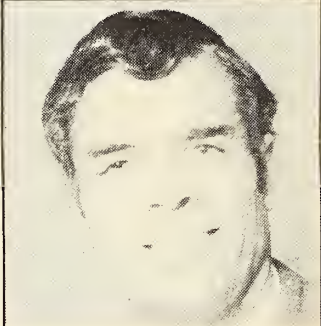
Ms Brine stressed those attending with the client also develop health programs. "They see it as their health programs, too," she said.

In the third phase, a follow-up program, clients and families meet each Wednesday evenings for two hours. They discuss health themes in the first hour, such as "Coping with Mood Swings," "Wounded Family Relationships," and "Wounded Relationships with Children."

In the second hour they break into small groups and discuss methods for dealing with stress. Nurse-counsellors and volunteer health counsellors, non addicted members of the community, and alumni of other detox programs at the Donwood Institute, direct the discussions.

The Institute charges a fee for service, with an average weekly cost per family during the first year of \$20.00 and for the second year of \$10.00.

The Donwood Institute, in North Toronto, was opened in 1967. It offers hospital and out-patient day clinic programs for alcoholics as well as the Evening Health Service.



Agriculture Secretary Block

Block dampens US anti smoking hopes

WASHINGTON — United States drug abuse prevention workers' hopes for a renewed attack on tobacco might be dashed by the new Agriculture Secretary John Block, who has indicated a reluctance to mount a campaign to encourage smokers to kick the habit.

Speaking recently in North Carolina, land of tobacco and federal price supports, Mr Block said he not only favored continued payments from the federal government but also added that he saw little backing for a continuation of the federal anti-smoking campaign.

His wariness largely reflects a realistic view of the clout of tobacco growers.

Lifestyle Advertising:

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"Beautiful stuff" — the words used by Kenneth O'Bryan of the Addiction Research Foundation, to describe these examples of the lifestyle approach to alcohol beverage advertising. Using film clips of Canadian and American commercials Dr. O'Bryan analyzes this approach to selling beer and wine. Liquor advertisements in magazines and government alcohol education programs are also shown and discussed. This insightful videotape will provoke thought and discussion among audiences interested in alcohol consumption and contemporary values.

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Gitlow honored

MALVERN, PA — The Malvern Institute for Psychiatric and Alcoholic Studies Citation of Merit Award for 1980 was given to Stanley E. Gitlow, MD, in recognition of his outstanding work in medical education and alcoholism. Dr. Gitlow is clinical professor of medicine at Mount Sinai School of Medicine, New York.

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DEPARTMENT

Projections

The following selected evaluations of audio-visual materials have been made by the Audio Visual Assessment Group of the Addiction Research Foundation of Ontario. The ratings are based on a six point scale. For further information, contact Jenny Cafiso, coordinator of the group, at (416) 595-6150.

Smoking: It's Your Choice (Second edition)

Projection Number: 419.
Subject Heading: Smoking.
Details: 17 minutes; 16mm; color.
Synopsis: To make a decision about whether to smoke or not, one should know the facts. In this film, some of the consequences of smoking are discussed, including short term effects observed even after one cigarette, such as contamination of the lungs, increase in the heart rate, and a decrease in steadiness (motor coordination). There are also very serious long-term effects of cigarette smoking: emphysema, lung cancer, cancer of the larynx, heart disease, as well as effects on unborn children. Interviews with people who have these diseases serve to illustrate their seriousness. The viewer is encouraged to consider these facts before making a decision about smoking.
General Evaluation: Very good (4.9). This contemporary, well-produced film was deemed a good

teaching aid that could help in decision-making about smoking. Public broadcast and ARF purchase were recommended.
Recommended Use: Likely to benefit audiences of eight years and older.

The Party; The Mother; The Ride

Projection Number: 420.
Subject Heading: Trigger films; youth and alcohol.
Details: The Party — 2 minutes; 16mm; color. The Mother — 2 minutes; 16mm; color. The Ride — 2 minutes; 16mm; color.
Synopsis: **The Party:** A young teenager, Dave, makes new friends and, since his parents are out for the evening, invites them over to his house. To his dismay, however, his friends start to drink his parents' beer and liquor and decide to have a party.
The Mother: Mrs Roberts goes to pick up her daughter, Judy and Susan, her friend, at school. Mrs Roberts' intoxicated behavior embarrasses Judy.
The Ride: As some kids play baseball, older friends arrive and encourage the kids to join them in drinking and joy-riding; the kids must decide.
General Evaluation: Very good (5.1). These well-produced, contemporary, realistic trigger films were judged to be a good teaching aid that could help in decision-making about drug use. Public broadcast was recommended.
Recommended Use: These films

are likely to be of benefit for audiences eight years and older with a resource person.

Alcoholism: A Critical Disease

Projection Number: 421.
Subject Heading: Alcoholism; overview; treatment.
Details: 6 Filmstrips plus cassette tape, 20 minutes each.
Synopsis: This series of six filmstrips covers a range of topics from factual information about alcoholism to detoxication and treatment. The titles are: 1. Pathophysiology of Alcohol Abuse, 2. Dynamics of Alcoholism, 3. Alcohol Withdrawal and Detoxification, 4. Intervention Therapy.
General Evaluation: Very poor. These filmstrips were carefully reviewed by ARF scientists and found to be very poor teaching aids due to their extensive misinformation. If they are to be used at all, an expert resource person must accompany their presentation.
Recommended use: While intended for health professionals, they should not be used by anyone.

The Alcohol You

Projection Number: 423.
Subject Heading: Alcohol and alcoholism — overview; alcohol — pharmacology; youth and alcohol; impaired driving.
Details: 24 minutes; 16mm; color.

Synopsis: In this second of three films on driving, a young couple on their first date illustrate alcohol's effect on one's body and behavior. After a few drinks, the young couple turn into their "Alcohol You's": a couple of cartoon characters, Adam and Eva. They discuss with Bill McVean what is happening to them; he tests their responses on a variety of tasks and explains, through the use of animation, what happens if you drive a car under the influence of alcohol.

General evaluation: Very good — excellent (5.6). This contemporary, well-produced, informative film received high ratings in all categories. It is a good teaching aid and it may help in decision-making regarding drug abuse. Public broadcast and ARF purchase were recommended.
Recommended use: This film is likely to benefit any audience 12 years of age or older.

Decision For Mike

Projection Number: 429.
Subject Heading: Smoking.
Details: 16 minutes; 16mm or super 8; color.
Synopsis: both of Mike's parents smoke cigarettes — it is their "habit." His girlfriend also smokes. Today is Mike's "Day of Decision" — will he begin to smoke? Some humorous scenes dramatize what adults are like when they smoke. Facts about the harmful consequences of smoking are provided and Mike is urged by the narrator not to begin this "habit."
General evaluation: Good (4.1). This contemporary, well-produced and informative film was considered a good teaching aid. The A/V

Assessment Group felt that the film could produce attitudes opposed to smoking.
Recommended use: The film is likely to benefit audiences 12 years of age or older.

Understanding Alcohol Use And Abuse

Projection Number: 430.
Subject Heading: Alcohol and alcoholism — overview; alcohol — pharmacology; impaired driving.
Details: 12 minutes; 16mm; color.
Synopsis: This animated film illustrates the way alcohol can disrupt the social, mental, and physical balance of an individual. A person who continues to drink usually follows four stages of inebriation, characterized by increasingly severe effects on the body. Many factors lead people to drink, among these peer group pressure and advertising. To drink or not to drink is, however, a personal decision. People should be responsible and exercise self control, particularly since even before the influence of alcohol is felt perception and reaction time may be affected. This would be particularly important with respect to driving, as car accidents are the greatest danger resulting from alcohol abuse.
General Evaluation: Fair (3.0). This film received moderate ratings in all categories.
Recommended use: This film was considered neither harmful nor beneficial to most audiences; however, due to the reservations the group had on the accuracy of this film, the presence of a resource person was recommended.

CORE KNOWLEDGE IN THE DRUG FIELD

A Basic Manual for Trainers

Developed and produced by the National Planning Committee on Training, a group of representatives of eleven provincial/territorial drug agencies who report to the Federal-Provincial Working Group on Alcohol Problems.

● *Core Knowledge in the Drug Field:* A new, important publication which offers basic information in the alcohol/drug dependency field. Twelve booklets, contained within a slipcase, cover

every aspect of addiction problems and set forth learning objectives and activities. The material comes from the latest in research findings and includes about one thousand bibliographic entries.

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1. **Historical aspects and current developments** by Patrick Crawshaw
— covers the history of alcohol and drugs and their introduction into society, from a Canadian perspective.
2. **Overview of alcohol/drug programs in Canada** by Angus Reid & Neena Chappell
— discusses the historical development of alcohol/drug programming in Canada and gives the current status of programs at the federal, provincial, and territorial levels.
3. **Law and social policy** by Patrick Crawshaw & C. Michael Bryan
— addresses policy, international control of drugs, federal legislation, and related issues.
4. **Economics and social costs** by Don Faris
— discusses various aspects of the economics of alcohol and other drugs in terms of the suppliers and the consumers.
5. **Prevention** by Ken Low
— provides a framework for defining prevention and developing programs.

6. **Some definitions and parameters of addictions** by R. Gordon Bell
— presents an overview of the various definitions and indicators: the magnitude, nature, and scope of the problem.
7. **Classification and symptomatology** by R. Gordon Bell
— discusses various classification systems, their usefulness, the development of problem drinking, and its symptoms and phases.
8. **Etiology** by James G. Rankin
— discusses in detail major etiological theories and their implications for the diagnosis, treatment, and even prevention of alcohol and other drug problems.
9. **Guide to pharmacology** by The Editors
— presents a guide based on reference materials and consultations with renowned pharmacologists.
10. **Treatment** by Jean Rossi
— addresses delivery of treatment services in terms of population and agency variables, methods, and the role of the clinician.

11. **Ethics and professional attitudes** by Peggy Brown
— focusses on a discussion of ethics, communication, confidentiality, and the role of the practitioner and the researcher.

12. **Evaluation** by William J. Filstead
— presents the background, basics, and results from evaluation research.

Edited by Lorne A. Phillips, G. Ross Ramsey, Leonard Blumenthal, and Patrick Crawshaw.

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DEPARTMENT

Coming Events

Canada

4th Annual Scientific Meeting of the Canadian College of Neuropsychopharmacology — Apr 23-25, Toronto, Ontario. Information: Dr Jerry J. Warsh, Clarke Institute of Psychiatry, 250 College Street, Toronto, Ont M5T 1R8.

A Human Approach to a Human Being Aspiration: Recovery from Alcoholism — May 20-22, Regina, Saskatchewan. Information: Herman Hovland, 2140-9th Avenue N, Regina, Sask

Smoking or Health in the 80s — May 28, Toronto, Ontario. Information: Mrs M. Nefsky, Secretary to the Planning Committee, "Smoking or Health in the 80s", Second Floor, 7 Overlea Boulevard, Toronto, Ont M4H 1A8.

8th Biennial Conference of the Canadian Guidance and Counseling Association — June 2-5, Calgary, Alberta. Information: Canadian Guidance and Counseling Association, Faculty of Education, University of Calgary, 2500 University Drive, Calgary, Alta T2N 1N4.

58th Annual Meeting of the Canadian Paediatric Society — June 26-30, Winnipeg, Manitoba. Information: CPS, Sherbrooke, Quebec J1H 5N4.

15th Canadian Addictions Foundation Conference — July 7-10, St John's, Newfoundland. Information: Vernon Lang, Canadian Addictions Foundation, Suite 1100, 251 Laurier West, Ottawa, Ontario.

28th Congress of the International Union of Pure and Applied Chemistry — Aug 16-21, Vancouver, British Columbia. Information: Congress Secretariat, 28th IUPAC Congress, c/o The Chemical Institute of Canada, 151 Slater Street, Suite 906, Ottawa, Ontario, K1P 5H3.

United States

Workshop on Chemical Dependency and Adolescents — Mar 1-6, Apr 12-17, Minneapolis, Minnesota. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Advances in Alcoholism, Medical Research Symposium — Mar 6-7, Newport Beach, California. Information: Kim Hilberg, Raleigh Hills Foundation, 17861 Cartwright Road, Irvine, CA 92714.

4th Annual Symposium: Alcoholism, a Treatable Disease — Mar 7, Cambridge, Massachusetts. Information: Douglas Jacobs, MD, Cambridge Hospital, Department of Psychiatry, 1493 Cambridge Street, Cambridge, MT 02139.

Training School on Alcohol and Drug Abuse — Mar 9-27, Minneapolis, Minnesota. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Third Annual Conference of SALIS (Substance Abuse Librarians and Information Specialists) — Mar 11-13, Berkeley, California. Information: Andrea Mitchell, Social Research Group, University of California, 1816 Scenic, Berkeley, CA 94709.

Chemical Dependency and Family Recovery Workshop — Mar 15-20, Minneapolis, Minnesota. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Orientation to Alcoholism/Drug Dependency — Mar 18. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Alcohol/Drugs and Family Health — Mar 19. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Strategies for Prevention of Alcohol/Drug Problems — Mar 20. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Parental Drug Association Spring Meeting — Mar 20, Philadelphia. Information: General Information department, PO Box H, East Brunswick, New Jersey 08816.

Alcohol/Drug Dependency and Mental Health — Mar 23-24. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Good Manufacturing Practices (GMP) for the Pharmaceutical and Allied Industries — Mar 23-25, Central New Jersey. Information: General Information, PO Box H, The Center for Professional Advancement, East Brunswick, New Jersey 08816.

Alcoholism: Biomedical Research Approaches for the 1980's — Mar 25-27, Chapel Hill, North Carolina. Information: Center For Alcohol Studies, The University of North Carolina at Chapel Hill, Medical School Building, 207H, Chapel Hill, NC 27514.

In order to provide our readers with adequate notice of forthcoming events, please send announcements, as early as possible, to: The Journal, 33 Russell Street, Toronto, Ontario, Canada, M5S 2S1.

Employee Assistance Programs — Mar 26-27. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Annual Meeting, American Pharmaceutical Association — Mar 28-Apr 1, St. Louis. Information: General Information department, PO Box H, East Brunswick, New Jersey, 08816.

Ophthalmic Toxicology, Contemporary Theory and Practice — Mar 30-Apr 1, Chicago Illinois. Information: General Information, PO Box H, The Center for Professional Advancement, East Brunswick, New Jersey 08816.

Special Topics in Toxicology — Mar 30-Apr 3, Central New Jersey. Information: General Information, PO Box H, The Center for Professional Advancement, East Brunswick, New Jersey 08816.

Pharmaceutical Manufacturers Association Annual Meeting — Apr 5-8, Boca Raton, Florida. Information: General Information department, PO Box H, East Brunswick, New Jersey 08816.

Teratology — Principles and Procedures Related to Fetal Development — Apr 9-10, Central New Jersey. Information: General Information, PO Box H, the Center for Professional Advancement, East Brunswick, New Jersey 08816.

Chemical Dependency and Family Intimacy Training Project — Apr 22-24, June 10-12, Sept 14-16, Oct 28-30, Minneapolis, Minnesota. Information: Eli Coleman, PhD, Chemical Dependency and Family Intimacy Training Project, Program in Human Sexuality, 2630 University Avenue SE, Minneapolis, MN 55414.

National Conference on the Sexual Aspects of Substance Use and Abuse — Apr 27-28, San Francisco, California. Information: Stephanie Ross, Haight Ashbury Training and Education Project, 409 Clayton St, San Francisco, CA 94117.

Sexual Aspects of Prescription Drugs — Apr 29-30, San Francisco, California. Information: Stephanie Ross, Haight Ashbury Training and Education Project, 409 Clayton Street, San Francisco, CA 94117.

1st National Conference on Mental Health, Substance Abuse and Deafness — May 7-9, Rochester, New York. Information: Karen Steitler, Director, Substance Abuse Intervention Services for the Deaf, Rochester Institute of Technology, 50 W. Main St, Rochester, NY 14614.

Association for the Advancement of Medical Instrumentation, Annual Meeting — May 10-14, Washington, DC. Information: General Information Department, PO Box H, East Brunswick, New Jersey 08816.

Preventing Drug Abuse in School, Community and Business — May 11-14, Charlotte, North Carolina. Information: Charlotte Drug Education Center, 1416 East Morehead Street, Charlotte, NC 28204.

I.P.T. Mid-West Meeting — May 18, Chicago, Illinois. Information: General Information Department, PO Box H, East Brunswick, New Jersey 08816.

Parenteral Drug Association, Summer Meeting — June 12, Chicago, Illinois. Information: General Information Department, PO Box H, East Brunswick, New Jersey 08816.

30th Annual Session University of Utah School on Alcoholism and Other Drug Dependencies — June 21-27, Salt Lake City, Utah. Information: University of Utah School on Alcoholism and Other Drug Dependencies, PO Box 2604, Salt Lake City, UT 84110.

Law and Alcohol — June 22-July 2, Seattle, Washington. Information: Alcohol Studies Program, Seattle University, 12th and E Columbia, Seattle, WA 98122.

National Alcohol and Drugs Coalition (NADC) — Aug 19-23, Dallas, Texas. Information: Roger Stevenson, NADC, 1101-15th St, Washington, DC, 20005.

32nd Annual Meeting Alcohol and Drug Problems Association of North America (ADPA) — Aug 19-23, Dallas, Texas. Information: Roger Stevenson, ADPA, 1101-15th St, Washington, DC, 20005.

Abroad

International Drug Conference — Mar 9-13, Singapore, Republic of Singapore. Information: Conference Secretariat, International Drug Conference, 46 Scotts Road, Singapore 0922, Republic of Singapore, Cable: SANAHSE SINGAPORE, 737-3511.

Transcultural Approaches to the Etiology, Diagnosis and Treatment of Alcoholism — Mar 9-20, 1981, SS Doric cruise of the Caribbean Islands. Information: Elaine Woody, University of North Carolina Center for Alcohol Studies, 335 Medical School Building, 207H, Chapel Hill, NC 27514.

3rd Regional and National Conference on Drug Abuse — Mar 30-Apr 4, New Delhi, India. Information: International Council on Alcohol and Addictions, Case postale 140, CH - 1001, Lausanne, Switzerland.

41st International Congress of F.I.P. — Sept 7-11, Vienna, Austria. Information: General Information Department, PO Box H, East Brunswick, New Jersey 08816.

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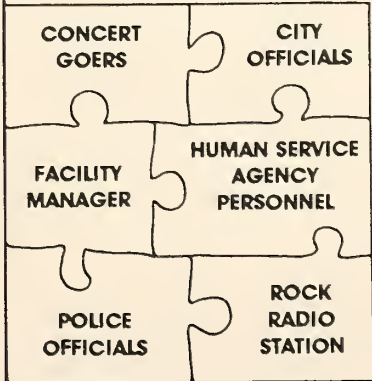
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Children heard brutal ‘truths’ in drug education—circa 1920

By Betty Lou Lee

HAMILTON — Ah, the good old school days, when children were not only taught the three Rs, but basic values were instilled to keep them on an even keel.

There was no shilly-shallying then. Kids knew what was what.

The Ontario child of 60 years ago knew, for example, that his alcoholic parent was likely to “wind up in an insane asylum.”

It wasn’t just the teacher who said so. It was right there in black and white in *The Text Book: The Ontario Public School Hygiene*, authorized by the Minister of Education for Ontario.

And little Joey and Mary knew this wasn’t old-fashioned stuff. Although the original edition was prepared in 1910, it had been updated after Prohibition in 1917.

“In view of the importance of the temperance question,” its preface read, “it has been thought advisable to discuss the effects of alcohol in the human body much more fully than in the first edition. Accordingly, the space devoted to this subject has been almost doubled.”

And just in case the kids might be scared in the direction of another form of chemical comfort, the text also deals with “narcotics: opium, tobacco, cocaine.”

How the alcoholic’s child must have trembled as these lines etched themselves on his young brain:

“Bad as are the effects of alcohol upon the drunkard himself, the effects upon his children are very much worse. They are often left without food, clothing, and education; but these are small ills compared with the supreme one which a drunkard sometimes brings upon his innocent offspring, namely, insanity.

“The almost unvarying testimony of medical superintendents of lunatic asylums is that the drunkenness of fathers or mothers often entails upon children enfeebled brain and nerves, with the result that, when the strain and stress of adult life come upon them, brain and mind break down and they become inmates of lunatic asylums.”

These potentially enfeebled brains are further burdened with depressing statistics in the textbook: 20% of insanity in Britain is attributed to alcohol; a “large number” of asylum patients in Canada are either the offspring of alcoholics, or have become insane through drink. Seventy-one percent of crimes for which Swedes were sentenced were traceable to drink.



Insurance company tables, showing greater life expectancy for abstainers, were reprinted, along with this warning. “If the man uses alcohol even in moderate quantities, some companies will not take the risk (of insuring his life); or if they do, they charge a higher rate, because they say that such a man will not likely live so long as a man who does not take alcohol at all.”

In true Canadian tradition, the text’s admonitions in all matters of health tend to lean toward peace, good (economic) order, and good investment, rather than personal satisfaction from a healthful lifestyle.

The student is seen, and talked to, as a potential economic unit who already has a responsibility toward his future employers. It also appears to be assumed that most of the students are from, and will continue to belong to, the laboring class.

“It would be a waste of time to discuss with you the requisites of a large, modern house . . . Such houses are only for the few. Rather, let us consider what the minimum requirements should be in a house for a laboring man and his family.”

One of those requirements is 1,000 cubic feet of space per person. Carpet, lace curtains, and wallpaper make it harder to keep a house clean; hardwood chairs and tables are all that is necessary in kitchen and living room, and “single iron beds—steads should be the rule.”

The author tops this austerity list with the comment that “some of you are no doubt asking whether the fore-going requirements for a laboring-man’s house are not too high.”

Even these modest goals will be beyond the reach of the drinker, for “the man who uses alcohol reduces his chances of success in business and industrial life . . . Because of decreased ability to work steadily and efficiently, the user of alcohol earns less money than the abstainer. His family is likely to be poorly provided for, improperly fed, and lacking in high ideals.”

As if that weren’t enough, if he loses time through drinking, he brings “loss upon his employer.”

Results of a number of experiments on soldiers, laborers, and students given one to three tablespoons of alcohol showed reduced endurance and ability to do mental and physical work.

A litany of diseases, not unlike those on any contemporary list, is linked to alcohol — heart, blood vessel, stomach, kidney, and liver ailments — and can be suf-

fered by “steady drinkers, even though they may never have been drunk in their lives.”

On a wider plane, there’s another economic issue: “In Canada in the year ending March 1, 1917, that is, before the manufacture of liquor was prohibited, 206,534,986 pounds of foodstuffs were used in the manufacture of alcoholic liquors of various kinds.

“These liquors contain only a small fraction of the nourishment that is in the grain, as this is largely destroyed by fermentation. It can readily be seen, therefore, how wasteful it is to turn good grain into alcoholic liquors.”

Not surprisingly, “the conclusion from all this is obvious: alcohol is a very dangerous drug; its continued use soon passes into a habit which enslaves and destroys both mind and body; and therefore, the only safe rule to follow regarding it is to avoid its use altogether.”

The highest risk of developing a cocaine habit in the 1920s didn’t come from attending trendy discos, but from rubbing an ointment into the nostrils to overcome catarrh, “a disease which usually comes on as a result of a succession of colds.

“When this disease has lasted for a long time, it becomes very trying to the health. A man is thus greatly tempted to use such an ointment and almost before he knows of the danger, he has acquired the cocaine habit . . . once it is formed, it is very difficult to break off.”

Children are warned that opium or morphine should never be used for insomnia. “An uncontrollable craving for it comes on much sooner than for alcohol.”

The treatment of tobacco is a curious mixture, viewed from the 1980s. The dangers of smoking to the individual are largely unrecognized, while the section on smoking in the presence of non smokers reads like last week’s pamphlet from GASP.

It classes nicotine as a narcotic, although its “minute doses” in the body from smoking “rarely does more than soothe or dull nervous sensibility.

“Its use does not produce the same evil effects upon mind and morals (as other drugs mentioned). Though men do become slaves to it, and though its use in some cases impairs digestion, injures the throat, upsets the regular beat of the heart, and weakens the nervous system, yet in many other cases no evil consequences appear to follow from using it.

“While it cannot be proved (it) stunts the growth of boys, so far as mere size is concerned, we do know that its effects fall pretty heavily upon their brain and spinal cord. It prevents the nerves from growing strong as they should, and this means, in the end, a more delicate body.

“Employers of labor have frequently noticed that young men who smoke many cigarettes are forgetful and less reliable in their work than non-smokers . . .

“Tobacco smoke in houses is hurtful of young children, and a great annoyance to those who do not smoke. If several men are smoking in a small room, the air soon becomes quite unfit for anyone to breathe. Much less is it fit for a delicate person or a child to live in.

“If any of you should determine to become smokers, knowing all the time the risk to your own health, you ought at least to pay some attention, while indulging the habit, to the health and feelings of others. No person has a right to spoil the air which others have to breathe.”

While sections on alcohol refer to alcoholic fathers and mothers, nowhere in the tobacco section is there a hint that girls or women might use tobacco.



Children in the 20s: ‘potential economic units.’

Lest the student gets the impression that heeding all this health advice will make him the star of the next Horatio Alger novel, there’s a somber warning in the chapter on “family stock” that traces the history of a “bad” family, the Jukes, and a “good” one, the Edwards.

Although obviously geared to influence the student in the eventual choice of a mate, it holds little consolation for the child who didn’t have the forethought to choose the right parents.

It points out that many farmers are particular about the breed of their livestock, and “take the greatest pains to keep the race as purely bred as possible.”

Parents “in somewhat the same way” are anxious for their children to make the proper marriages — not necessarily marrying into a wealthy family, “but a question of soundness of body, purity of life, and purity of morals.”

While most of the population is of “good sound stock,” every district has some families “who are weaklings or are diseased in body, and impure and depraved in mind and life.”

The founders of the Jukes and Edwards families were both “country lads” without high school education. But while the first gave rise to 1,200 descendants “noted chiefly for their licentiousness, pauperism, and crime,” the latter gave rise to 1,400 descendants noted all over North America for their “virtue, honesty, earnestness, nobility, and high achievements.”

While it might appear each man had an equal chance for success “their own lives and those of their children show most clearly how the blessing of a good heredity, or the curse of a bad one, handicaps a family stock for generations.”

The text pays lip service to the influences of environment, particularly diet, sanitation, and associates in school and church, but it makes it clear how important heredity is.

“The heredity of the Juke family has been dealt with for the purpose of placing you on your guard against selecting for a life partner a member of a tainted family.

“We all come into the world stamped with a certain quality of blood, brawn, and brain, and quite unable to make geniuses out of ourselves if we have been born weaklings in mind. A Juke cannot change himself into a Jonathan Edwards. But a man may hope, by the exercise of his will and reason, to dominate even an unfavorable environment and heredity and to command a considerable measure of success in life.”

Small wonder some of these children might have been tempted to take opium for sleeplessness.



BC compulsory care albatross dead at last

BRANNAN LAKE
BC'S COMPULSORY HEROIN
TREATMENT PLAN

By Tim Padmore

VANCOUVER — British Columbia's Brannan Lake heroin treatment centre will be closed this summer and turned over to the attorney general's department for use as a minimum security prison.

It is the last chapter in the province's abortive flirtation with compulsory treatment for narcotic addiction.

It also marks the rebirth of BC's Alcohol and Drug Commission, now relieved of the compulsory treatment albatross, the chairman

who conceived and promoted the plan, and the health minister who enacted it.

The commission is shifting the Brannan Lake operation — which had already metamorphosed to a centre for all types of drug abuse — from rural Vancouver Island to

the Greater Vancouver area.

A detox unit in New Westminster should be open this year, said Commissioner John Russell, and a search is on for a nearby site for a residential treatment centre.

The commission itself is being reorganized according to the recommendations of Gerald Bonham, a senior civil servant in the health ministry who is acting as its chairman.

Dr Bonham recommends that the Alcohol and Drug "Commission" should be separated from the Alcohol and Drug "Program."

The commission would have advisory functions and express itself on public policy issues, while the program, headed by an executive director, would carry out services to the public.

Dr Bonham also said the compulsory aspects of the heroin treatment plan should be cancelled for good, even though an appeal court ruling re-established the validity of the heroin legislation, which had been struck down earlier by a lower court.

But the commission/program still has its problems. The gusher of money that came with the heroic effort to stamp out narcotics addiction has been choked off.

For example, a shiny new city drunk tank to replace the existing wretched one stands empty because no money has been approved to staff it.

The facility was virtually complete in November 1980, but as of this writing, treasury board approval was still outstanding.

Mr Russell said even after funding is received, it will take a couple of months to hire and train the staff to run it.

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The Journal

Published monthly by Addiction Research Foundation WHO Collaborating Centre for Research and Training on Alcohol and Drug Dependence Problems

Reagan budget throwing US field into confusion, bureaucratic shock



By
Harvey
McConnell

WASHINGTON — Reduction of the United States umbrella institutes in the substance abuse field to one small research unit is probable from 1982 if President Reagan's budget proposals are accepted in full by Congress.

The demise of the National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and National Institute on Mental Health (NIMH), will be coupled with the death of many state alcohol and drug abuse programs if block grants of federal monies to the states are also approved.

This is the gloomy consensus of those in the substance abuse field around the US and in Washington, a city of confusion and bureaucratic shock following the swing of the Reagan budget axe.

Some employees of the institutes have already bailed out and 904 others — about 55% of the total

staffs — are preparing for official severance on October 31. Meanwhile, national organizations and lobby groups have rallied to put pressure on past friends in Congress to "stand up and be counted."

If all the proposed cuts are made, there'll be no need for individual institute directors: only one administrator will be required for the truncated remains.

'Good guys'

Cuts are inevitable given the political climate. The hope is at least to keep the institutes intact, and somehow to see that state governors do not choose roads, transit systems, or other popular political plums as the places to put federal grant money, leaving only small change, if anything, for alcohol and drug abuse programs.

Many hope the Reagan camp is shooting for the moon with many proposals and is, in reality, willing to play "good guys" by compromising initially. All will not be lost, but there will be numerous casualties.

Officially, staff at the Alcohol Drug Abuse and Mental Health Administration (ADAMHA), which

oversees the institutes, has been told an overall 55% reduction in its ranks may be expected by October 31. This could include cuts ranging from 60% for NIDA, up to 85% for NIAAA.

"You can walk down the halls here and get all sorts of estimates, but nobody will really know until Congress decides," an official at one of the institutes told *The Journal*.

Dr William Pollin, NIDA director, and John DeLuca, NIAAA director, have told their staffs that those to be cut in October will be notified by August 3, but reassured them that the interests of those who are fired will be protected as much as possible.

In the meantime, hearings have begun in the House of Representatives and the Senate on bills reauthorizing funds for the institutes, action that became due this year.

Fifth priority

The fight is on to stop Congress from agreeing to a \$75 million proposed reduction in the last Carter budget, and the budget cuts proposed for financial year 1982 by the Reagan administration.

Said one observer: "You have to realize that a lot of Republicans did not think Mr Reagan was going to win, and none of them dreamed they would get the mandate they did. So any plans for alcohol and drug programs were not even thought about, and now they have about fifth priority."

Hurting badly

An overriding concern is that if the institutes are so reduced in staff, there will be no federal watchdogs to see that money targeted for alcohol and drug abuse programs is used correctly.

The block grant system would mean that many states will find most such programs closed down.

On the other hand, state single agency directors who are good politicians will be able to exert enough influence to get their fair share of federal funds. Those who have not been politically active will be hurting badly.

While most attention has been focused on the Reagan budget, no moves have yet been made by the White House to reactivate the drug policy office. The final group of staffers from the Carter days was released at the end of February.

Japanese men put wives at high risk

Second-hand smoke found guilty

By Pat Ohlendorf

TORONTO — In what may be the harshest indictment of cigarette smoke to date, a long-term Japanese study has found that non-smoking women married to smokers are twice as likely to die of lung cancer as those married to non-smokers.

And the more the husband smokes, the greater the danger to his wife, the study says.

"Passive smokers," who regularly inhale cigarette smoke



She's at risk... from his smoking



second-hand, have one-third to one-half the risk of developing lung cancer that they'd have if they smoked themselves, it reports.

Describing his results in the *British Medical Journal* (Jan 17, 1981), Takeshi Hirayama writes: "As only a fraction of Japanese women with lung cancer smoke cigarettes [overall, 73% of men and only 15% of women in Japan smoke], the reasons why their mortality from lung cancer parallels that in men have been unclear."

"The present study appears to explain at least a part of this long-standing riddle."

Dr Hirayama's study, which followed 91,540 non-smoking wives aged 40 and over for 14 years, also shows that women married to smokers in rural areas are at significantly greater risk than their counterparts in the city.

Dr Hirayama suggests this "puzzling" finding may reflect "a longer period of mutual contact of

couples in rural families. In urban families some couples meet only for a short period in the day."

As well as providing clear evidence that cigarette smoke is not merely a nuisance, but a serious health hazard to non-smokers, the study throws into question the common method in cancer-risk studies of simply comparing smokers with non-smokers.

Writes Dr Hirayama: "Non-smokers are not a homogeneous group and should be subdivided according to the extent of previous exposure to indirect or passive smoking."

Although the correlation with lung cancer was the most striking one in the study, Dr Hirayama also found that second-hand smoke had a slight (though not statistically significant) effect on the development of emphysema and asthma.

However, he found cancer of the stomach, ischemic heart disease, and cancer of the cervix to be un-

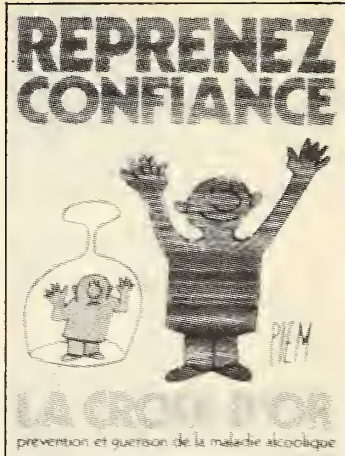
related to the husbands' smoking habits.

A recent Canadian study suggests otherwise.

While following up 42 former patients who had had cancer of the cervix 20 years ago — in order to investigate long-term psychological effects of the disease — Donald Brown of Dalhousie University incidentally discovered that the majority of them were married to smokers.

"Among the variables in my study," Dr Brown told *The Journal*, "having a husband who smoked was the most significant indicator for cancer of the cervix." This was more important, in fact, than known risk factors such as early pregnancy, many pregnancies, and smoking by the woman herself.

However, Dr Brown, whose paper has recently been submitted for publication, cautions against premature conclusions: "The (See — Smoke — page 2)



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NEWS

Briefly...

PEKING — Many higher quality Chinese cigarettes have gone off the market as a result of the government's attempt to create new jobs by switching peasants to jobs in light industry. In the small rural workshops in which they've been placed, the peasants are not efficient at processing such raw materials as silk and tobacco, reports the *Far East Economic Review*.

WASHINGTON — The United States Forest Service has reported destroying four tons of marijuana found being cultivated in the Bankhead National Forest, Alabama. Street value of the find was estimated at \$5 million. It also reported illegal cultivation in all 17 national forests in California, as well as most of the national forests in the southern states and many in the Pacific Northwest. The Forest Service lacks authority to make arrests of growers and must call in state and local authorities.

NEW YORK — Bacardi rum is the biggest-selling brand of distilled spirits in the United States, with sales of 6.85 million cases in 1980, according to statistics released by *Impact Wine and Spirits Newsletter*. The popularity of the rum is linked to a general move toward lighter, colorless drinks, known in the trade as "white goods," and away from "brown goods" such as American blended whiskey, Scotch, and bourbon. The move is thought to parallel increased popularity and sales of wine.

ATLANTA — A federal district judge has ruled that a Georgia law limiting sales of drug paraphernalia is illegal. Judge Richard Freeman said the law was vague, leaving open to question the types of drug-related equipment or chemicals covered by its provisions.

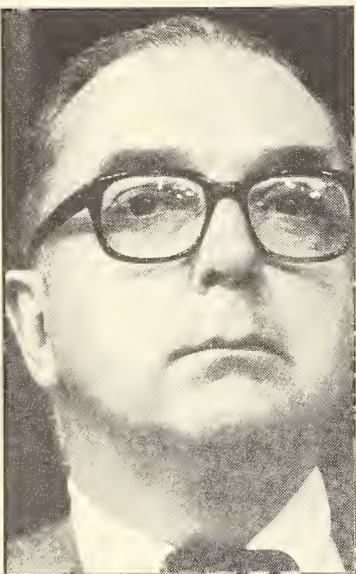
WASHINGTON — The Food and Drug Administration will ban salt or establish appropriate levels for individual products containing salts if there is no voluntary effort by manufacturers to restrict it, Sanford Miller, director of the FDA Bureau of Foods, has said. An FDA review of 415 food additives concludes salt and caffeine are the additives most in need of restriction.

CARDIFF, Wales — The risk of crib death for babies whose mothers smoke more than 20 cigarettes a day is five times greater than for babies whose mothers do not smoke, according to the findings of three Welsh National School of Medicine doctors. Drs Robert Newcombe, Jo Sibert, and John Murphy studied 99 cases of sudden infant death syndrome in Cardiff between 1965 and 1977.

WASHINGTON NOTE

By Harvey McConnell

WASHINGTON — President Ronald Reagan plans to chop back drastically the fledgling Office of Smoking and Health as a political sop to arch rightwing supporters



IN THE THICK OF IT . . .
Helms of North Carolina is in a strong position to ground the Office of Smoking and Health.

from Southern tobacco growing states.

The office was set up by Joseph Califano, President Jimmy Carter's first secretary of health, education, and welfare, as he declared cigarette smoking Public Health Enemy Number One.

Congressmen from tobacco growing states and the tobacco manufacturers were vitriolic in their dislike of the program. Now, Senator Jesse Helms, a fervent Reagan supporter from North Carolina, the major tobacco growing state, has become one of the most powerful people in the Senate and chairman of the important agriculture committee.

Pet project

Ironically, the expected cut comes as the latest survey of drug use among high school seniors shows a sharp decline in teenage cigarette smoking (*The Journal*, Mar). Worry about health consequences is given as one of the major reasons for the drop.

The anti-smoking program has about 25 employees and a \$3 million a year budget. It has backed

anti-smoking studies and anti-smoking advertisements, and enormously irritated the tobacco growing states.

Mr Califano was a zealous ex-smoker and the office was one of his pet projects. Because it is not mandated by Congress, it can be killed with one stroke of the presidential pen.

Dead Duck

Public Health Enemy Number One looks as though it will become Political Dead Duck Number One. In the meantime, Senator Helms and cohorts continue to defend massive federal subsidies to tobacco farmers as vociferously as they have denounced the anti-smoking program.

Tobacco farmers will be asked, however, to make a small sacrifice in the new budget: one-half cent a pound fee to the government for grading tobacco.

... AWAY FROM IT ALL
Califano, who made smoking Public Health Enemy No. 1, tends to own health as fate of pet project is decided.



ARF's Schmidt gets Jellinek award

TORONTO — Canadian epidemiologist Wolfgang Schmidt is this year's recipient of the prestigious Jellinek award.

Dr Schmidt is director of social policy research and head of epidemiology at the Addiction Research Foundation of Ontario.

The purpose of the award, con-

sisting of \$5,000 and a bronze bust of E. M. Jellinek, is to honor major contributions to the understanding of alcoholism and to stimulate scientific studies in the field. Annual recipients are chosen by an international committee after an extensive review of the scientific literature.



Schmidt: "profound effect on understanding of alcohol problems."

Spirits worry Poland

TORONTO — In the midst of labor unrest and reforms, widespread alcohol abuse continues to worry the Polish government.

The Polish people drink seven times as much as they did before World War II, and three times as much as 10 years ago, according to statistics recently reported in *The New York Times*.

Reports in 1978 estimated that 800,000 people were drunk every day, and another 400,000 were being detained by police every day until they became sober.

Heavy consumption of spirits, as opposed to wine and beer, is a key factor. In Poland, 65% of alcoholic beverage consumption is in spirits, compared to 10% in France and Italy and 22% in West Germany.

Smoke study

(from page 1)

study was small, retrospective, and designed for another purpose.

"Although the preliminary evidence looks quite suspicious, well-designed studies with appropriate control groups are needed if we are to understand the etiology of cancer of the cervix."

In the meantime, Dr Hirayama's findings should give smokers and their families enough food for thought.

Dr Schmidt, who spoke with *The Journal* soon after he had learned the news, said: "I'm very pleased. This means that my colleagues around the world, or at least those who took part in making the decision, think that I have made a worthwhile contribution."

"This is very rewarding to a researcher, who doesn't get, nor does he want, recognition through administrative or managerial positions. His hope is that he will produce a few things that will have an impact and will be remembered."

The citation accompanying the award describes those "few things:"

"The outstanding epidemiologic studies by Dr Wolfgang Schmidt, spanning a quarter of a century, have had a profound worldwide effect on the understanding of alcohol problems and on approaches to their prevention. Remarkable for their originality, methodologic rigor, and integrity, and their mastery of international as well as Canadian data and experience, these investigations have thoroughly elucidated the manifold health consequences of heavy alcohol consumption; have added immeasurably to the validity of epidemiologic studies of alcohol use by demonstrating the inaccuracies of survey information and substituting objective measures of consumption; have demonstrated beyond doubt the close relationship of overall alcohol consumption in the population to mortality from cirrhosis of the liver — the only reliable index of the prevalence of heavy consumption; and, above all, have convincingly documented the great potential for effective prevention of alcohol problems by public health measures to control the economic accessibility of alcoholic beverages."

Dr Schmidt, originally from

Czechoslovakia, came to the Addiction Research Foundation (ARF) in 1956 with a law degree from Austria and a social science degree from the University of Toronto.

"I was very fortunate in finding two outstanding researchers here with whom I served my apprenticeship: Jack Seeley and Robert Popham. My training as an epidemiologist began in earnest when I came to the foundation."

The Jellinek award commemorates Dr Jellinek of Yale University and the World Health Organization, who is considered the father of the scientific approach to alcoholism and whose inspiration stimulated, among other things, the establishment of the Addiction Research Foundation in 1950.

The first Jellinek award was presented in 1968, five years after Dr Jellinek's death.

Dr Schmidt is the fourth ARF scientist to receive the award. Others are Yedy Israel, Robert Popham, and Harold Kalant. Scientists from Switzerland, Finland, the United States, Germany, France, and the United Kingdom have also been recipients.

Rat ennui

VANCOUVER — Brain cells that release the chemical dopamine appear to be crucial to the desire for addictive drugs in rats.

Dr Chris Fibiger, a researcher in the University of British Columbia's department of psychiatry, leads a research team that attached catheters to laboratory rats so they could dose themselves with cocaine or amphetamines by pressing a lever.

But when the dopamine-releasing cells were removed, the rats lost interest in taking the drugs.

DC mayor urges more federal action on heroin

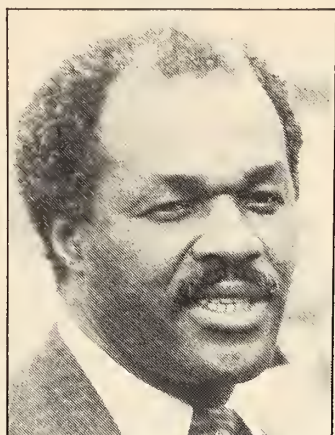
WASHINGTON — The United States government must take more vigorous action abroad to reduce supplies of illegal drugs and help Washington fight its worst outbreak of heroin addiction since 1971, says Mayor Marion Barry.

Mayor Barry, who called a three day conference of 300 city officials and other interested parties to discuss the situation, said: "We have talked enough about this problem and have enough recommendations. Now it is time to act."

Suggested action ranges from more undercover police activity to moves to change the laws for dealers in second-hand goods, to chewing out a police lieutenant who called drug dealers "small businessmen."

Washington had 59 heroin overdose deaths in the first nine months of 1980 — the highest since 1971. More than 2,000 addicts are in treatment.

Mayor Barry said: "Supply is the problem. The federal government must renew in even a more vigorous way its attempts to keep drugs from coming into this country. We can't do that in the District of Columbia — it has to be done in Iran, Turkey, Afghanistan, Pak-



Barry: more undercover operations requested for Washington.

istan, and other places."

Mayor Barry said there is no question of a link between drug abuse and crime. "With an upsurge of heroin addiction there has been an upsurge in criminal activity, and our police will tell you these are crimes not against people, but against property by addicts who steal to keep up their habit."

The District government is proposing new laws for dealers in gold, silver, and second-hand

goods: sellers will have to produce two identification cards, one with a picture, and buyers will have to hold goods for 30 days and pay only by check.

Mayor Barry defended his police department, which has come under criticism for not doing enough against drug trafficking. "We have a number of programs and I can't tell you what they are now because some of them are undercover. And even I don't know, quite frankly, what they are (The Journal, March).

"I have told the police: My goal is that you stop it, and then tell me when you stopped it. I don't want to know what you're doing out there, and I don't want to be involved with that part of it."

Recently the mayor raised Cain with a police lieutenant who called drug dealers "small businessmen." He told him: "As long as I'm mayor, and as long as you're on the police force, I don't want to hear you or any other police official treat this thing casually."

Mayor Barry criticized Washington's newspapers and television and radio stations for not doing enough. Instead of reporting only the sensational aspects of drug abuse, "they should go out

and find young people who are working hard to get their peers off drugs."

"The media has a responsibility to be good corporate citizens, and being good corporate citizens means reporting the activities of our community."

Above all, said Mayor Barry,

parents must take more responsibility for their children. It is a tough life for many to make ends meet "but nothing ought to come between parents and children — not jobs or friends or anything else. It is not the government's responsibility to look after children, it's the parents."

'Milk' of Irish kindness

DUBLIN — Wily Irish distillers, combining fancy names and massive overproduction of milk in the European Common Market, are sweeping the competition in North America and Europe with milk-flavored liqueurs.

The first liqueur appeared six years ago and now there are at least half a dozen being pro-



duced in Ireland. Women are the main consumers.

The secret of success was discovering a way to suspend milk fat solids in alcohol without the milk's turning sour. A touch of blarney in devising trade names has done no harm.

And there is another little near-secret for most consumers but which delights distillers: they can charge prices equivalent to those for other spirits, such as scotch, gin, and vodka, for a product containing about 17% alcohol — about half the alcoholic content of most sherries.

The most advertised of the liqueurs in North America is Baileys Irish Cream.

Mystery tobacco additives hazard?

WASHINGTON — Low tar and nicotine cigarettes may reduce very slightly the chances of smokers contracting lung cancer but the secret additives used for "flavor" may themselves be carcinogenic.

Cigarette companies have refused to provide the United States Department of Health and Human Services with a list of these additives, although they are known to include shellac, caramel, eugenol, and other chemicals. Some of these produce carcinogens when burned.

In addition, Surgeon General

Julius Richmond warned in his annual *Smoking and Health* report, low tar and nicotine cigarettes do not reduce risks of other conditions produced by cigarette smoking, including cardiovascular diseases, bronchitis, emphysema, complications in pregnancy, and other disorders.

Dr Richmond said there have been major changes in smoking habits in recent years. Some 18 million people, a third of all US smokers, now use low tar and nicotine cigarettes.

The low tar and nicotine cigarette does reduce the risk of

lung cancer but the benefit is "minimal and limited," Dr Richmond said. There is no such thing as a safe cigarette, he said.

Dr Richmond said that cigarette smoking in any case causes more heart disease deaths than lung cancer and whether the low tar and nicotine cigarettes have an effect at all on this disease incidence is not yet clear.

There is little evidence to suggest pregnant women who smoke low tar and nicotine cigarettes will reduce the hazards to the fetus. "It is clear that the only recommendations that can be made to reduce

risk in the smoking mother is for her to quit smoking," the report said.

The tobacco industry has refused to give the department of health a list of the additives they use in the low tar and nicotine cigarettes so that they can be tested. They consider this proprietary information and, at present, there is no law which could force them to divulge this information.

Dr Richmond said that in Britain such information can be given to the government and kept secret from both the public and competitors.

The heavy, fetid air of Cannabis Valley

By Wayne Howell



Bollingsworth often talked about taking me on an expedition up to the heights. The view, he said, was alleged to be magnificent. I demurred, citing the fact that I lacked his intrepid nature and preferred to get my adventure from old copies of *National Geographic*. But he was persistent. He showed me his maps and his all-terrain vehicle, and assured me he knew what he was doing. Finally, I succumbed to his entreaties and one fine morning we started off.

The journey was pleasant until we began our long descent into Cannabis Valley and the air began to get heavy and fetid. Bollingsworth told me to keep an eye out for contentions but I spotted nary a one; this was ironic in view of the fact that their bleached bones lay all over the road, making progress difficult.

The road narrowed to a track and eventually we were brought to a dead stop by a dense thicket of assumptions. Bollingsworth cursed under his breath and plunged into the thicket with a machete, flailing and hacking about. Because so many of the assumptions were unwarranted, we made good progress and within an hour we were clear.

However, no sooner did we get under way again than Bollingsworth pointed out large sloughs of biased studies on both sides of the road. These ponds, he said,

nurtured all sorts of unnatural growths. He was right: we were soon brought to a halt by a jungle of presumptions that obliterated the path.

Once again, we plunged in with our machetes, hacking about us in the Stygian gloom of the jungle floor. Unseen Cassandras roosting high above us in the thick verbiage made a fearful din with their high-pitched warning cries as we sweated and labored on. Bollingsworth caught sight of one of the little furry decrim creatures that are the Cassandras' natural enemy but it vanished before I could get a good look at it — all I could perceive in the dark underbrush was a pair of red-rimmed eyes. And then it was gone, as quickly and as silently as it had come.

The work was hot and debilitating. Fortunately, Bollingsworth was able to discern a line of reasonably rational thought just when we thought the jungle had defeated us; hacking and stumbling along it, we were eventually able to break through.

The road began to ascend on the far side of the jungle and when we had gained some altitude we chose a pleasant place and stopped for lunch. While we ate, I studied the map. Up ahead I spied what I took to be Obvious Rock and inquired of Bollingsworth if this indicated we had arrived in the Alcohol Foothills. Bollingsworth could not identify the rock but this, he said, was not surprising since the Obvious was constantly being redefined by the fickle winds of fashion that blew in these parts.

After lunch we proceeded on our journey. Just past Obvious Rock the road swung into a long Bell curve. As we took this lazy loop in the road, I gazed about

me. The alcohol foothills were a pleasant respite from the fetid swamps of Cannabis Valley. Some pools of knowledge dotted the countryside, some of them sparkling in the clear air. A few old mineshafts dotted the landscape, places where truth had been sought but found in insufficient quantities to justify full-scale exploitation. Between the pools of knowledge there were many ragged clumps of dense verbiage which were, according to Bollingsworth, breeding grounds and nesting sites for the conflicting theories that lived in these parts.

As I was gazing out the window I heard a small thump. A little statistic, said Bollingsworth, had darted across the road and come to grief under our right front tire. I looked back. Several conflicting theories were already circling high above the road. Bollingsworth said he doubted they would land and feed since it had not been a significant statistic, although some of those birds had been known to feast on just about anything. He suggested that, as a game, I hold straws out the window for them to grasp at, but I was not enthusiastic for such sport, and so he suggested we stop at one of the pools and bait our hooks for dubious definitions. Within 20 minutes, we hauled in a score of them. I wanted to save the largest one to mount over my fireplace but Bollingsworth implored me not to disturb the delicate ecology of the region and I reluctantly put it back.

When we got under way again, the sun had started to sink in the western sky. The road swung into a Ledermann Curve. We turned slowly at first, then faster and faster.

"I don't like where this curve is taking

us," I said, as I clung to my seat.

"Don't worry, I can handle these logarithmic curves," said Bollingsworth. He swung the wheel hard right, whipped us into the apex of the curve, and set us shooting off up a long gentle slope.

The Ledermann Curve had taken us onto a higher plateau. Bollingsworth told me to watch for social engineers and so I began to scan the arid Serengetti-like plain with the binoculars. Far off in the distance, I spied a cloud of dust. This, according to Bollingsworth, indicated that a herd of the beasts was making its annual migration to drink at the springs of determinism. I begged Bollingsworth to go closer so we might have a better look but he demurred, saying we would be well advised to keep our distance, lest we be trampled upon.

We continued on, until far ahead of us we could see the heights. Even at such a great distance they were a commanding presence. But what might have been seen from there I can only surmise because, unfortunately, we had to turn back while still short of our goal.

The hour was late, said Bollingsworth, and if we tarried any longer the rapidly regenerating jungle of Cannabis Valley would once again obliterate our path. This prospect did not appeal to me in the least, since my machete arm was aching badly and my right ankle (which had been injured in Cannabis Valley when I'd stumbled over a creeping hypothesis) was beginning to swell.

And so we set out for home. Bollingsworth was philosophical. "'Tis better to have tried and failed than never to have tried at all," he said.

NEWS

The 'inevitable confrontation' begins

French govt, alcohol industry finally square off

By Thomas Land

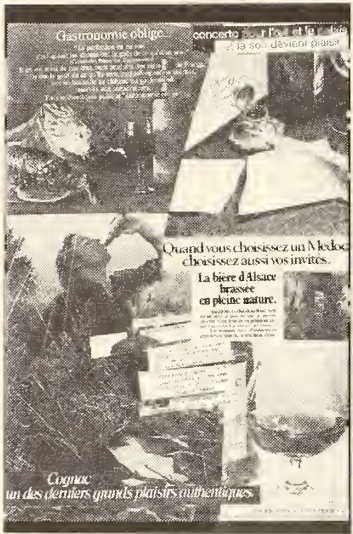
PARIS — A two stage, 49.9% tax increase raising the domestic price of fruit-based spirits such as cognac and armagnac has provoked an "administrative" strike by 330 mayors in Southwest France.

The tax increase has been imposed at the insistence of the European Community — but, to add insult to injury, the government here has declared that some of the revenue will be used to finance a campaign against alcoholism.

Thus begins a long-delayed but inevitable confrontation between the central government, which is impressed by the high cost of the nation's drinking habits, and the powerful alcohol industry. One of every 10 Frenchmen financially depends on that industry and one of every five French parliamentarians represents it.

The administration has accepted a 10-year program intended to sober up the nation, but the actual implementation of each measure is certain to test government nerves.

The developing confrontation is irrelevant to party political loyalties. It will be watched with eager interest by both sides here and in many other countries. For alcoholism is a global phenomenon worrying most governments as well as the international organizations concerned with public healthy, safety, and labor. France's response to the problem is of



interest to all because it is most acute in this country.

With an average annual pure alcohol consumption of 16 litres per adult, the French drink twice as much as the British and a fifth more than the West Germans and the Italians.

Alcohol plays an important part in most violent crimes in the country and in a quarter of its traffic accidents and suicides. Drunkenness costs the national economy more than \$4 billion a year in lost industrial production as well as medical expenses and claims on the social security budget.

Significantly, these statistics describe a rapidly deteriorating situation. The intensifying pressures of modern life have contributed to a growing general preference for hard drinks such as those now subject to higher tax. These are usually consumed quickly in public places, replacing or supplementing wine which is traditionally drunk slowly and largely at home.

Women and the very young increasingly seek to drown their

problems in drink. What may have been once a finely balanced "wine civilization" is showing signs of rapid self-destruction.

The national program challenging the alcohol industry — now launched as a result of an unre-

lated decision made by the European Court of Justice in Luxembourg — is to improve the quality while reducing the quantity of what the French drink.

The program prescribes stiff tax increases on drink, control on advertising and sales promotion, and the availability of good wines with reduced alcohol contents.

The industry, which generates a national income of \$10 billion a year, is certain to respond with formidable resistance.

The tax increase affecting

spirits results from a case brought before the Luxembourg court, the highest judicial authority concerned with European Community law. The conflict was about the harmonization of trading conditions throughout the Community, bringing taxes on drinks sold in this country, like cognac, in line with those imposed on whiskey sales in Britain. Its implementation will increase the consumer price of certain drinks by 25%.

This is interpreted by sunny Southwest France, the home of cognac and armagnac, as a challenge to the very well-being of the district. The strike of the mayors reflects accurately the outrage of the local growers who are accustomed to government pampering through previous tax concessions and other favors.



Alcoholic worker testing compensation board

By Tim Padmore

VANCOUVER — A claim for compensation to a worker for job-related alcoholism has been filed here.

The claim, the first of its kind ever made to a workers compensation board in Canada, could lead to boards taking responsibility for treatment, rehabilitation, and wage replacement for many of Canada's estimated 750,000 alcoholics.

That, at least, is the hope of Craig Paterson, the Vancouver lawyer who filed the claim on behalf of a 42-year-old miner who suffers from cirrhosis and malnutrition and is unable to work.

Mr Paterson says his case is sound, but admits he has a "very tough" fight on his hands. Even if the Workers Compensation Board (WCB) does accept the principle that alcoholism can be an industrially related disease, he expects the board to try to set very tight criteria for recognizing claims.

His client left home at 13 years of age and had his first drink at 17. He has lived mostly in bunkhouses in logging and mining camps in Western Canada.

Physical and emotional isolation, idleness, and a milieu that accepts and even approves hard

drinking made him an alcoholic, Mr Paterson argues.

The worker is a binge drinker who dries out from time to time but always goes back to the bottle. He is not, Mr Patterson admits, the ideal client to launch a precedent-setting claim.

The ideal, he says with a smile, would be a beautiful former figure skating star, a non drinker, forced to get a job as a cocktail waitress and ending, as do many in the beverage profession, an abject alcoholic.

"But I waited two years to find somebody," said Mr Paterson, who has had a long interest in issues affecting workers.

"If it does nothing more than encourage people to think about work and stress and alcoholism, then it will have been worthwhile."

Workers have been compensated in the past for injuries sustained in part as the result of alcohol use — a salesman who fell in a bathroom after meeting clients over drinks, a logger injured after a bunkhouse drinking party.

There is even a precedent for compensating alcoholism as such — a California police officer who successfully argued that her alcoholism and liver cirrhosis were related to the stress of her job.

The British Columbia board is expected to take several months to decide if it will even consider the claim — but just that would be a victory for Mr Paterson, as it would establish alcoholism as a disease susceptible to compensation.

The board is not pleased about having to make that decision. The potential costs and administrative problems are fearsome.

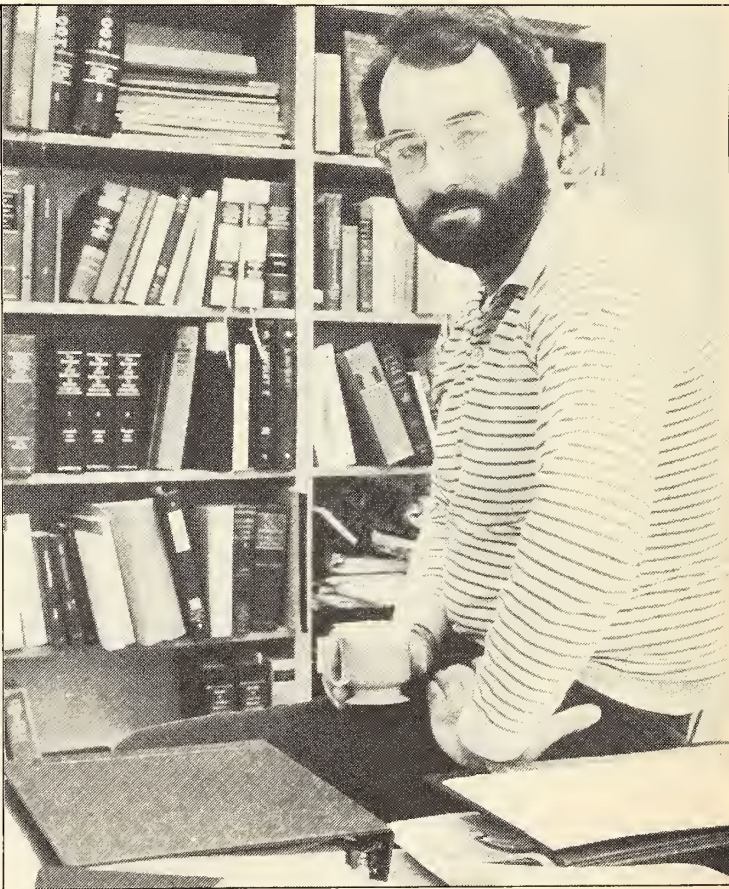
Dr William Whitehead, assistant medical director at the WCB, said the causes of alcoholism are difficult to define and said he fears alcoholics would try to abuse the system.

"If you start paying money to alcoholics, who's to say they won't use the money as an encouragement to remain alcoholic?"

Mr Paterson said the question of costs is a red herring.

"We can't afford the costs now, we can't afford the drain on the industrial capacity of the country by having so many people drunk."

If compensation boards (and therefore employers) recognize their responsibility to alcoholics, the result will be more money directed into treatment and prevention, and lower overall costs to society, he said.



Paterson: ideal would be beautiful former figure skating star.

Cannabis fungus hazard

MILWAUKEE — Doctors at the Medical College of Wisconsin are warning cancer patients against using illicit marijuana to self-treat nausea associated with chemotherapy.

Their warning applies also to people with allergies, asthma, and other chronic lung conditions.

The danger is that "street-

bought marijuana" can be infected with fungus of the genus *Aspergillus*, which grows on the weed as a result of exposure to moisture during harvesting, curing, handling, and storage, Steven Kagen told *The Journal*.

In otherwise healthy people who are prone to allergies, inhalation of the fungus can lead to asthmatic attacks. Indeed, Dr Kagen said, there have been instances in which asthma victims have experimented with marijuana cigarettes in an attempt to alleviate their symptoms, only to have their disease worsen.

In people with other forms of chronic lung disease, inhalation of *aspergillus* can lead to its colonization on the lungs. "Fungus balls" or "fungus plugs" may

form in parts of the lungs, posing serious medical problems.

But, said Dr Kagen, inhalation of the fungus poses the greatest threat to cancer patients who are receiving immunosuppressants. In such patients, it may lead to *aspergillus* pneumonia. The infection may spread to the brain, kidneys, and other organs, and the fatality rate is high.

Many sensitized?

Dr Kagen and his associates found evidence of *aspergillus* sensitization in the blood of 11 out of 21 marijuana smokers tested in the study. Similar evidence of sensitization to *aspergillus* appeared in

only one of 10 other people who denied ever smoking marijuana.

Noting that from four million to 20 million American adults are believed to be regular marijuana smokers, Dr Kagen expressed concern that large numbers of marijuana users may also be sensitizing themselves to *aspergillus*.

He acknowledged that only a few actual cases of *aspergillus* caused by marijuana smoking have been reported. But he pointed out that the nationwide incidence of *aspergillus* increased almost twofold during the 1970s.

Studies documenting the increase attributed it to the increasing number of older people in the United States and an increasing number of people being treated with anti-cancer drugs that sup-

press the immune system.

Dr Kagen said use of marijuana by cancer patients even in a medical setting may carry the risk of *aspergilliosis*. The risk, he said, should be recognized by doctors who prescribe marijuana cigarettes for cancer patients undergoing chemotherapy.

Patients warned

In addition, Dr Kagen is encouraging doctors to question cancer patients about their possible use of marijuana as medication for nausea and vomiting associated with chemotherapy, and to explain the risks of such use.

NEWS AND COMMENT

Does he want a Tennant in the White House?

WEST COVINA, CA — The telephone keeps ringing, and Forest Tennant keeps being told he is a hot favorite to become director of the White House drug policy office.

None of the long distance calls, however, has been from the White House.

Dr Tennant told *The Journal*: "I must have averaged a call a day, and some have flabbergasted me. I have had calls

from people I don't even know telling me I was being recommended for the job.

"One caller even went so far as to offer to show me around Washington and help me find a house.

"But the truth is that nobody from the Reagan administration has talked to me. I have not sought anything, not asked anybody to push me, and have not written asking for a job. Even if one is ever offered, I

would tend to lean away from it."

Dr Tennant, director of Community Health Projects Inc, is a Republican and currently mayor of this Los Angeles suburb. However, he does not know



RONALD WHO?

President Reagan and is not close to any of his advisors.

Although he politically favors the block grant system of allocating federal money to the states, "from the practical point of view, they have tended to be used for patronage purposes. If you were to throw alcohol and drug abuse in with 40 other things, it is up to the good faith of people in each state, and you know what could happen."

Dr Tennant said this is a very productive time for him in his work as a doctor and a researcher in drug abuse problems.

"Maybe the only thing I will get out of this is a rumor."



FOREST WHO?



GILBERT

Marijuana: Scylla and Charybdis: (2)

This is the continuation of last month's argument on marijuana legislation. Last month, Richard Gilbert described current attitudes toward marijuana, and noted some changes that have occurred since the Le Dain Commission recommended legalization of marijuana use in 1972.

By Richard Gilbert

It seems the chances of being caught smoking marijuana and driving while impaired by alcohol are both less than one in a 100. Why should indifference to the law be an argument for relaxing the law in the first instance and not in the second?

The cases are very different for three reasons. First, and most important, few drunken drivers intend to break the law, whereas almost all marijuana users deliberately commit their crime. Second, the law on drinking and driving is chiefly for the protection of the innocent, rather than for the punishment of the guilty, and therefore it can sustain respect even when it is being broken. Third, the law on drinking and driving is manifestly popular, whereas the law on marijuana is not. These differences provide sufficient reason for different approaches to the two crimes, even though both are committed with great frequency.

The relevance of health costs

There is much room for uncertainty, but for me the evidence that chronic heavy marijuana use can damage health is reasonably compelling. I would be surprised if it were not. Our bodies are not adapted to cope with repeated large doses of psychoactive substances. (If they had adapted, the substances would not be psychoactive.) Resulting undue stress on the system seems inevitable, and consequent disease should be no cause for astonishment. This argument covers just the tetrahydrocannabinol in marijuana. Other components of marijuana smoke seem eminently capable of bodily insult: the possibility of respiratory damage should be equally unsurprising.

The problem seems to me to be not whether marijuana use is a health hazard — it probably is — but what should be the official response to the likelihood that it can damage health.

We do all sorts of things that are hazardous. The annual risks of death from accidents sustained during automobile racing (1 in 830), horse racing (1 in 770), and motorcycle racing (1 in 550), are about the same as that of

getting lung cancer if you are a smoker (1 in 800), and considerably lower than the risk of getting skin cancer if you engage extensively in outdoor activities (1 in 200).

What should the role of government be in such matters? It is very much a question of individual opinion. My own view is not as clear as I would like it to be. Generally speaking I believe that government should restrain individual action only if it is likely to harm other people. When just the actor is harmed, the role of government should be limited to informing and warning. The clear exception is children, whose health should be protected even at the expense of their freedom of choice. Children cannot be left to make wise decisions involving personal hazard and pleasure because, by definition, they are not responsible for their actions.

Psychoactive drugs are another exception, because diminished responsibility can be a result of drug use. It is reasonable for government to regulate drug use, because drug users can become incapable of regulating themselves. It is especially reasonable to regulate drug use by children, because we should be helping children achieve full responsibility rather than providing them with the means to remain incompetent. The question is how far should we go. How many responsible, drug-using adults is it reasonable to restrain in order to reduce the harm to young people and to reduce the number of irresponsible and self-damaging drug users?

My answer to the last question is this: as many as you can without causing more distress in society as a result of the restraint than you avoid by having the restraint. Thus I think it reasonable to restrain heroin use severely, because few people use it and because few are damaged by the restraint. I do not think it reasonable to restrain marijuana use severely, because I think the cost to society of the restraint is greater than the benefits it provides.

Weighing the costs and benefits of marijuana prohibition involves a series of difficult judgments. There is no "right" or "wrong" position. Ultimately a political decision must be made. Meanwhile, millions of Canadians express their contempt for the marijuana laws by defying them. Millions more non users of the drug, including me, are concerned about that contempt, and what it is doing to our society.

Law-making in our complex, pluralistic society has reached a remarkable degree of sophistication. We should be proud that we have found ways of coming to terms with so much of what we dislike in each other without splintering apart. The secret is to have laws that balance majority opinion, protection of the in-

nocent, and individual freedom. The law on marijuana has gotten out of balance.

The problem of young people

But, you might say, what if Dr Lantner (Letters, Feb) is right, and legalizing marijuana use will reinforce the corruption and impairment of our young people so that we will soon have a population that cannot compete in a demanding world? My answer is that it is difficult to imagine circumstances as corrupting as those that now prevail in the case of marijuana. The manifest disparity between law and reality distorts developing notions of the rule of law and of proper behavior in relation to the law. Our society is currently much more threatened by a breakdown in the basic regard held by our children for law and government than it is by drug-induced impairment of their bodies.

In my view, the way to resolve the problems of drug use by minors is for adults to stop being hypocritical about it. There is nothing wrong with having one rule for adults and another for children. But it is unreasonable to expect children to obey their rules if the rules for adults are so obviously flouted.

We give our kids a bad deal. We confuse them with the complex world we have created, deprive them of the opportunities for idealism and commitment that could allow some understanding of the confusion, deluge them with the means to escape the chaos that confronts them, and then censor them when they choose to escape.

Why license distribution?

Merely legalizing use of marijuana would resolve many of the discrepancies between law and reality but it would still leave us with other problems, some of which might be made greater.

The main problem would be that the law's hypocrisy would appear to be enhanced. It would be acceptable to use marijuana as long as you hadn't got it from anyone. This is the present position with respect to the amphetamines, whose use is not widespread. A small amount of hypocrisy can be tolerated, but not the enormous amount that would have to be swallowed if people were allowed to use marijuana but provided with no legal means of obtaining it.

Because marijuana use is likely to increase, whether or not it is legalized, the traffic in marijuana, by organized and unorganized criminals, will increase too. Almost every user has dealings with a trafficker. Merely legitimizing use would give greater legitimacy to trafficking, including that conducted by criminal organizations, even though trafficking remained strictly illegal, because the trafficking would now be doing no more than providing the means to do something legal.

Marijuana distribution was an "important economic activity" in the early 1970s according to Marie-Andrée Bertrand. Now marijuana is one of the most important commodities in Canada. The simplest way of bringing distribution under control would be for provincial governments to take it over. This would also have the desirable result of diverting hundreds of millions of currently untaxed dollars into the public domain.

Marijuana imports are a severe drain on Canada's balance of payments. (The new prime minister of Jamaica said that his country's economy would collapse if it could not export marijuana.) Most of our marijuana seems to come from the United States and Mexico, with both of whom we have growing deficits in our trade. A rationalized distribution system could be based on indigenous sources of the drug.

Marijuana quality is reported to be extremely variable. Unexpectedly potent samples of the drug appear to be responsible for some of the adverse reactions. A provincially managed control system could remove the surprises and provide marijuana users with the means to regulate their intake.

Conclusion

This overly long argument has still not covered many areas of concern, including driving while under the influence of marijuana and the relationship between use of cannabis and use of other drugs. I have said enough, I hope, to make the point that there may be more problems associated with not legalizing marijuana than with legalizing it, and that, if it is legalized, distribution should not be left to the criminal organizations but should be taken over by the provincial government.

If today you were to sail northwards through the Straits of Messina, you would still do well to avoid the rocks near Scilla, but you can move quite close to the Punta del Faro because the whirlpools and maelstroms are now no more than minor turbulences. Earthquakes have acted on shoreline and seabed over the years to reduce the danger in this area, although caution is still advised. Also, modern craft are more capable of dealing with strong currents, although rocks are as hazardous as ever. Thus Charybdis is not the monster she used to be.

We should steer a similar path, watching out for the dangers of repeal, but paying special attention to the former, because they are dangers that can wreck us.

The views expressed in this column are Dr Gilbert's and do not reflect the views of the Addiction Research Foundation.

NEWS

NORML ends bid to fight Allstate ad

TORONTO — Canada's National Organization for the Reform of Marijuana Laws (NORML) has abandoned a bid to take legal action against the Allstate Insurance Company for an advertisement the firm placed with a number of leading magazines.

The ad quotes statistics compiled by the Traffic Injury Research Foundation (TIRF) of Canada, and implies that one fatal traffic accident in eight is caused by marijuana.

NORML wanted a charge of misleading advertising to be placed against Allstate on the grounds it misrepresented TIRF conclusions.

Ed Brown, NORML's lawyer, told *The Journal*: "Allstate twisted TIRF's conclusions. Our main complaint is TIRF specifically stated that it was impossible to draw conclusions from their figures which say that one out of every eight victims in highway accidents was using cannabis."

Mr Brown said he was not doubting the accuracy of the statistic, but said that because of the widespread use of cannabis, it wasn't surprising traces had been found in the urine and blood of people involved in accidents. Allstate did not mention this, he said, nor did they say other drugs were also found in victims, along with quantities of alcohol.

NORML had planned to take Allstate to court — its ad states "grass can kill on the highway just as lethally as alcohol" — but had to drop its case because "the advertisement represents advocacy rather than commercial advertising."

Magazines displaying the full-page black-and-white ad depicting a mock tombstone include *Maclean's* and *Quest*. It reads, in part: "The Traffic Injury Research Foundation of Canada has irrefutable research findings obtained in a recent study of fatal highway accidents proving that one of every eight victims had been using cannabis."

"In our book, this proves the popular belief that grass doesn't interfere with psychomotor response is wrong. Dead wrong. Grass can kill on the highway just as lethally as alcohol can."

TIRF, however, had decided that although their study of Ontario accident cases revealed alcohol as a major contributing factor and that 12% of victims had been found to have used cannabis, the drug had been taken days before the accident in the majority of cases.

It also specifically warned against using TIRF data in concluding that cannabis causes crashes.

Allstate, however, remains adamant that its ad is accurate. The ad will continue to run.



'There are strange things done ... in the Midnight Sun'



By
Jon
Newton

DAWSON CITY, Yukon — Next time you head for the frozen north take a tip from famous Canadian writer Pierre Berton.

Make for the Eldorado, operated in Dawson City by Captain Dick Stevenson. Sidle up to the bar and order a Sourtoe Cocktail.

You'll then be able to say you've looked the Yukon's finest, if not the strangest, in the eye and lived to tell the tale. For you'll get a brimming, fizzing, bubbling glass of champagne. Yup. Champagne. Plus the secret ingredient, the single-digit item that has tempted nearly 750 adventure-some imbibers — the erudite Mr Berton included.

For the Sourtoe Cocktail is a half-pint or so of champagne spiced up with a genuine, pickled bootlegger's toe for that extra kick.

The story began, as they say, back in 1973 when the good Captain — who derives his title from a 40-seat pleasure boat he commands during the tourist season — bought a cabin in the Klondike. Previous owners had been a team of enterprising prospectors - cum - bootleggers

The gruesome story of Yukon's Sourtoe Cocktail

who found there was more gold in them thar hills over the border than there was to be found through back-breaking labor digging for the real thing.

According to Captain Stevenson, who swears every word is true, the two men, who were also trappers, stretched things along by running rum into Alaska on dog sleds.

One of them wound up with a badly frost-bitten foot and, since the nearest doctor was miles away and reachable only by dog team, the injured man's partner decided to try a little Yukon doctoring.

Captain Stevenson, born in New Brunswick but a Yukon resident for 25 years, takes up the story: "Gangrene set in on the guy's big toe, so his partner anesthetized him with some of the bootleg rum, and amputated it with a pistol. He shot it right off." The drastic, gold-rush surgery worked, the man lived, and he interred his big toe in an old pickle jar as a memento.

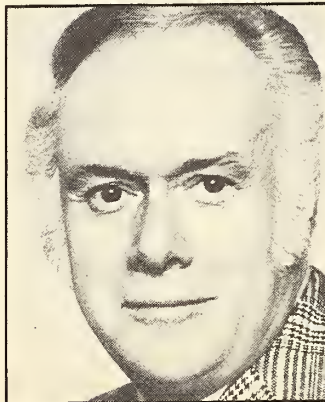
In the jar it rested until Captain Stevenson bought the cabin and found the toe — "completely dehydrated and rock hard," as he told *The Journal*.

It made no more than an interesting talking point until he recalled a trick played on an

unsuspecting Englishman who, on visiting the Yukon for the first time, was given an "Ice-Worming Cocktail" comprised of alcohol and a piece of spaghetti bearing two red dots for eyes. It was served to the Englishman who downed it manfully, convinced the spaghetti was a worm.

Captain Stevenson decided to make what he calls a "real" Yukon special by dropping the bootlegging prospector's severed digit into the bubbly.

"We kept it packed in salt when it wasn't being used. And I must admit, it looked pretty awful." But the tourists loved it. They could, after forcing one down, travel back home bearing an official certificate stating



Berton: he tried one and survived.

they had tasted a Sourtoe Cocktail, and survived to talk about it.

Then disaster struck in the form of an Eldorado regular, a young gold miner who, after downing one Sourtoe too many, fell off his bar stool.

"I don't know how he managed it," Captain Stevenson said, "because that big toe was a big, big toe! But down he went, flat on his back and down it went as well, which put a stop to the Sourtoe Cocktail."

Meanwhile, back in Fort Saskatchewan, there lived a woman lacking a middle toe, amputated 19 years earlier because of a painful corn. Fortunately, the lady had been attached to the toe and carefully preserved it, appropriately, in alcohol.

One hundred dollars changed hands when she learned of Captain Stevenson's plight — "She didn't ask for the money," he said, "but I gave it to her anyway" — and her toe was shipped to Dawson City where it currently awaits revival.

Its unveiling will occur this month when Captain Stevenson — who had vowed to blast off his own big toe if he was unable to find a suitable replacement — samples the first Sourtoe Cocktail MkII.

Families encouraged to help

Island launches employee program

By Jon Newton

CHARLOTTETOWN, PEI — An ambitious project launched by Prince Edward Island's health and social services to help combat alcohol and drug abuse in the workplace could well become a model for similar schemes elsewhere.

An employee assistance program offered through the island's Addiction Services aims at taking a tough and realistic approach to dealing with drug and drink problems by encouraging employers actively to help staff with their difficulties before they lead to dismissal.

Where the project scores heavily is that the emphasis for success rests not only on employer/worker cooperation, but also on involving families in particular and the community in general on a strictly confidential basis.

They are encouraged to play a positive part in combatting alcohol and drug abuse in the workplace, helping family members as well as those involved in provincial and federal programs to come to terms with a problem that costs astronomical amounts in lost man-hours and productivity.

Former advertising executive Ron Colwell, 38, was appointed program director in Sept, 1980, and is already seeing the project take on definite lines.

A brochure he prepared and mailed to businesses up and down the island sets the scene. It describes how Mr Colwell and his co-workers get the ball rolling by

helping companies write a policy statement bringing to employees' attention the assets of the plan.

Then, under Addiction Service guidance, a joint policy is issued by the union concerned and the management. A union/management committee is formed to implement and monitor the program, supervisory/shop steward training sessions are staged, and referral

and treatment channels are provided.

Mr Colwell, who answers directly to the Hon James Lee, PEI minister of Health and Social Services, said one problem before the advent of the plan was that workers could not afford to take time off for treatment. Now that alcohol and drug addiction have been classified as a disease, they

can be covered under medicare or by unemployment insurance.

"Ninety-nine percent of the cases we see involve drink or drugs," Mr Colwell continued. "But we also have financial counsellors who have agreed to work within the system, pastors, ministers, social workers, and so on who will help with family problems."

Thousands addicted to nose spray

TORONTO — Thousands of allergy and sinus condition sufferers are unwittingly addicted to the nasal sprays that give them temporary relief.

The dependence, called "rebound phenomenon," is well known to ear, nose, and throat specialists, says Malcolm Schvey of New York City, who estimates he sees about 150 patients a year addicted to the sprays.

"Sometimes the patient tips you off by saying, 'Gee, I don't understand — I've been using this stuff for six months and it used to work fine, and now it doesn't and (my condition) is getting worse ... I think maybe the spray's the problem,'" Dr Schvey said in an interview with *The Journal*.

Patients with rebound phenomenon are easily fooled, he said. The addiction is not like other addictions, such as to heroin, where the substance abused gives extreme bodily pleasure before the pain of withdrawal. Rather, the sprays, at first, simply give the "pleasure" of temporary clear

breathing through the nose.

If used too much, however, the sprays can create the very problems they are supposed to relieve.

"The sprays are ultimately toxic to the nasal mucous membrane," Dr Schvey said. "So in some conditions (misuse) can make the problem worse. As a matter of fact (the sprays) usually do make at least the feeling of obstruction worse," Dr Schvey said.

The nasal decongestants, classified as sympathomimetic amines, shrink the blood vessels in the nose. The vessels are surrounded by tiny vasomotor nerves.

This shrinking action works against the stuffiness that occurs when a stimulus causes the blood vessels to expand and become engorged with blood.

However, when the sprays are used too often, the shrunken blood vessels become fatigued and dilate, causing more congestion, many doctors believe. This creates the need for more and more applications until a sinus condition may

even be caused by the sprays.

Steroid injections directly into the inferior nasal turbinates are used by some physicians to break the nasal spray addiction. Turbinates are shell-shaped bony structures in the nose that "condition" the incoming air.

Turbinates swell in common colds and allergic conditions and also from the misuse of nasal sprays.

Doctors are not certain how the steroids prevent the turbinates from swelling, nor why they last so long — four injections can break the addiction for several years.

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FEATURE

ARF founder retires...

"David Archibald created, almost single-handedly, a place where people with the appropriate skills could devote their time completely to research, treatment, and public education in alcoholism and drug addictions."

— Wolfgang Schmidt, epidemiologist

"... an action-oriented person. One of his strengths has been the ability to tolerate the length of time that it takes to do something worthwhile scientifically despite his own inclinations to move quickly."

— Robert Popham, anthropologist

"It is impossible to think of another person who has done more for this field than David Archibald."

— Yedy Israel, pharmacologist

In 1949, H. David Archibald, a quiet, deliberate Nova Scotian and a social worker by training, set up what is now the Addiction Research Foundation of Ontario and has guided its development ever since. This month, he formally retires as executive vice-chairman.

Mr Archibald talked with Pat Ohlendorf about the foundation's history and its challenges for the future.

The Journal: How has a provincial research foundation managed to achieve such international prominence?

Mr Archibald: We've had an international focus from the outset, since 1949 when we were the Alcoholism Research Foundation. Any province or country would have great difficulty working in isolation on alcohol and drug matters, for what happens in one country has a direct bearing on what happens in another.

Right from the beginning I felt we had very much to learn from other countries that had been deeply concerned about alcoholism before we became officially involved. Ultimately, of course, as we developed our own expertise, we were also able to contribute very substantially.

You don't become internationally recognized by saying you are. One cannot separate our international status from the fact that we have gathered very high quality staff and developed very high quality research. We are referred to in the scientific literature, I think, more frequently than any other organization in the field.

Has the public, though, had difficulty understanding the purpose of the foundation?

To some extent they have, probably because as a scientific organization we have not taken sides on the major public issues. Our major function, which we've consistently held for the past 30 years, has been to provide information. And that's it. It's up to whoever receives this information to make an intelligent decision, whether it be a policy decision or an individual decision to refrain or otherwise from alcohol or drugs. And yes, our independent role has been misunderstood at times.

In the early days, for example — back in the early 50s — when we clearly proclaimed our non involvement with either the temperance movement or the alcoholic beverage industry, I frequently faced a very hostile audience when I spoke to church groups. Their feeling was that if you were not solidly planted on their side of the fence then you must by definition be against them. And on the other hand, of course, the alcoholic beverage industry has certainly never considered us their friends.

The situation was remarkably similar in the 60s when we became the Addiction Research Foundation. That was a period of great turmoil, of public panic, especially by parents. Our objective then was to get out as much scientific information as quickly as we could on the various kinds of drugs, their basic pharmacology, and their impact on humans.

As a result, we were perceived by the strong enforcers, if you will, as being soft on drugs. And we were equally perceived, I think, by those on the other side as just not joining their camp. It was all very much reminiscent of the alcohol field in the early 50s — remarkable similarities which come right down to the present day

on the subject of cannabis. There's just very little neutral ground in these issues.

So we have followed a difficult path, but as a result the foundation has developed a tremendous integrity and has become the reference point, both locally and internationally, for information in the field.

Working on drugs and alcohol together in the same centre isn't that common, is it?

In the United States, at the federal level certainly, they're still substantially separated. Actually, we were the first organization officially to combine the interests in alcohol and drugs. It was a natural evolution, not a dramatic shift, because quite early on people with combined dependence — alcohol and barbiturates, for example — came to us and we never excluded them. Then heroin began to emerge as a significant problem and, in addition, other drugs like LSD and marijuana contributed to the chemical explosion that hit in the late 60s.

By that time, our legislation had already been amended to encompass drugs. We simply responded to the phenomena that were present in the community, and if one takes the perspective of research into the causes of alcohol and drug dependence, there is no good reason to have one organization looking at drugs and another at alcohol. The same is true of public education in these areas.

But people who suddenly heard about it, who had not been part of the natural evolution, were somewhat upset. Many of our colleagues in the United States especially, were really upset. In the States, historically, the "drug fiend" concept has been much more prevalent: the idea of the drug addict, the heroin addict, the bowels of New York and Chicago... There was a tremendous fear of the drug addict, particularly the heroin user, because it was all so mixed in, and still is, with criminality. So those in the alcohol field in the United States were very distressed to think that *their illness*, which was finally gaining some degree of recognition and acceptability, would suddenly be brought into bed, if you will, with the drug addict. But here in Ontario, there wasn't that background of enormous fear in the community, and drug use developed differently.

What should be done in the future to try to alleviate the problems connected with drug and alcohol abuse?

First of all, I think that only through government policy is there any reasonable hope of reducing these problems. There's simply no doubt that the availability of alcohol is directly related to the prevalence of alcohol-related disabilities — not only alcoholism, but also liver disease and other physiological consequences. Similarly, the availability of heroin is directly related to the prevalence of heroin addiction.

Therefore, in the alcohol field, the important question for prevention is what



Archibald: 'I thought I'd just get this thing going... and five years became five more years...'

kind of control policies would have the potential to decrease alcohol-related damage. I would like to see research that bears directly on policy questions to have high priority. I'm not suggesting that we can solve the problems by legislation, but that certainly has to be an important thrust, and it has to be an international effort because of the pervading influence from one country to another.

A second area of priority for the future is manpower development. Wherever alcohol and drugs either interfere with the delivery of basic health services or cause some very serious health problems, there is a great need for the development of specially trained people to intervene. Insofar as the foundation is an international centre — and by any reasonable definition it is — then I think we have a responsibility to contribute to manpower development.

If one takes a look, for instance, just outside some of the larger cities in many developing countries, where people from the rural areas have congregated in slums, the enormous social problems are compounded tremendously by very severe alcohol and drug problems.

There's a saying in Glasgow, Scotland, that the quickest way out of Glasgow on a Saturday night is a bottle of Scotch. Well, there's a profound wisdom in that, because life in some of these areas is intolerable. So to have any impact, the approach must be one of community development, which means examining the totality of problems in a community, making the best use of whatever limited resources may be available, and training local people.

Do you consider the program that you worked on in Thailand a model for this kind of community development?

I would call it a beautiful model. By the way, we developed this project through the World Health Organization with funds initially from the United Nations. I'm particularly pleased that CIDA (the Canadian International Development Agency) is now providing considerable financial support, along with a lot of other countries.

The program is in the opium-growing

32 years on

villages in the northern part of Thailand. Our team began by asking the headmen to select one person from each village to be the health care worker. There were five villages in the first go, and the training course was developed by people from the Health Research Institute in Bangkok, which was a key to the whole project.

You see, the opium poppy provided an economic base for the villages, and since it was also the only medicine available to ease the many illnesses that are prevalent there, a high rate of opium dependence resulted. So the agricultural side of the project seeks to develop other cash crops, and crops that will improve nutrition as well. The health side of the project aims at providing basic health care and better medicines than the opium, and at getting clean water supplies in the villages, and other public health measures, to prevent a great range of diseases.

As a community development model, grounded in the culture and values of the native population and largely run by the people themselves, the Thailand program has relevance to many areas, not the least of which is working with our own northern communities in Canada.

Are there any guarantees that ARF's international leadership will continue after you retire?

I expect to be working part time in the international field with the foundation for a while. I will certainly continue with some responsibility for the Thailand program, and I also intend to remain active with the International Council on Alcohol and Addictions in Switzerland, and in the current discussions on international policy changes that are under way at the UN Commission on Narcotic Drugs.

As to guarantees — well, there are no guarantees, of course — but in a sense the international perspective is really built into the corporation. We are designated by the World Health Organization and therefore have an official responsibility to consider the requests that come to us from WHO. Also, in my view, in order to maintain a strong, highly competent staff, participation in the international professional community is essential. Many of the staff of the foundation have been involved in, have contributed to, and have been enriched by the international focus. It has not been a one-man operation.

The important thing is that if there's any hope for resolving the many problems associated with the abuse of alcohol and drugs, it must be done by a worldwide movement, an interlocking network.

When you first entered this field, did you ever imagine you would spend 30 years at it?

Not at all. When Leslie Frost, the Ontario premier of the day, asked me to set up the foundation, I decided I'd get this thing going and then return to my university research and teaching. Well, five years became five more years, and so on.

The thing about this field is that it has such universality. Alcohol and drugs are deeply incorporated into the human, societal system. They just permeate the whole fabric. And so many professions have a direct bearing on the field. Our own staff complement runs all the way from pharmacologists through to sociologists, anthropologists, jurists — a whole professional range.

So you're glad you stayed.

Oh yes, oh yes. It's been exciting, challenging, and strangely enough, rewarding — all the way through.



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A monthly report for professionals on developments, issues, and events of national and international significance in the field of alcohol and other drugs.

Editor... Letters to the Editor... Letters to the Editor...

Recovery homes: counting the benefits

I would like to support Milton Schwartzentruber's conclusions following a cost benefit study of alcoholism recovery homes in Ontario (*The Journal*, Feb).

H.A.P.E.C. House Inc did not participate in Mr Schwartzentruber's study. However, our organization conducted a very carefully designed benefit cost analysis itself, which was completed in August 1979. Besides the cost-benefit factor, this study, conducted by Gareth Sansom on our behalf, provided information about the costs and benefits of H.A.P.E.C. House Inc in the form of accurate monetary data. It certainly showed that the costs to the

alcohol dependent person and the community are greater when the H.A.P.E.C. House program is not in operation and, conversely, it demonstrated that benefits are increased when the H.A.P.E.C. House program is implemented.

The results from this study were arrived at by the implementation of these basic designs. The first was the actual benefit-cost analysis which attempted to take account of all relevant costs and benefits affecting or affected by the program in question. The second was a probability study which gauged the effects of uncertainty in calculating project outcomes; hence, the probability study's function

was to ascertain (to some degree) the reliability of the benefit-cost analysis.

The final frame of reference was an analysis of the distributional effects resulting from the implementation of the program.

Our study provided a series of conclusions which were relevant to our own program delivery system and of an internal nature. However, the study also provided two conclusions which corroborate Mr Schwartzentruber's findings:

(1) There was a reduction in costs of \$54,830.94 manifested by a group of 10 alcohol dependent persons for the period of their first stay at H.A.P.E.C. House and the

year following, defined by their monetary activities, over a group of 10 alcohol dependent individuals for the one-year period prior to entering H.A.P.E.C. House Inc, defined by their monetary activities.

(2) A four-year projection revealed a net present value for the 10 alcohol dependent individuals who completed our program of \$28,518.05 in contrast to minus \$153,395.80 if these 10 individuals had not attended our programs.

These two conclusions translated into savings to the com-

munity and governments of close to \$1 million over a period of three years of operation.

If I may make a brief personal observation, it is frustrating to me that studies of this nature tend not to have a significant and/or immediate impact on policy-making, which could result in considerable financial gains to governments and therefore taxpayers in general.

John Fryters, BSc, RNA
Executive Director
H.A.P.E.C. House Inc
Belleville, Ont

The policy makers should take note

I would like to respond with two corrections to your review of the cost benefit study I did for the Alcoholism Recovery Homes Association of Ontario (*The Journal*, Feb). The corrections are, firstly, that the responses were from 15 out of 31 houses, not out of 41, and secondly, that the estimated cost benefit was for only 210 individuals over one year.

These 210 persons represented fewer than one-third of the clients served by the 15 responding houses. Were one to calculate the potential cost benefit for the remaining two-thirds of those clients, plus those from the other

16 houses, the figure would rise dramatically.

Projecting these figures over a five-year period could become an interesting statistical exercise for someone versed in the methodology.

Hopefully, more studies will be carried out with the results fed to the policy makers, funding bodies, and finally to the public whose attitudes finally determine how tax dollars are spent.

Milton Schwartzentruber
Director
Quintin Warner House
London, Ont

Mail (to ADAPTS) must get through

The January issue of *The Journal* carried a letter from me announcing a booklet under production, dealing with "look-alike" drugs — assorted pills and capsules that often closely resemble well-known types of amphetamines, barbiturates, and other stimulants and depressants.

We have had a large number of responses to that letter (a testimony, were any needed, to the wide readership of, and respect for, *The Journal*), but there are two problems.

Due to an error on our part, some people may have had problems reaching us. Our correct address is: ADAPTS Drug Identification Project, 932 West Franklin Street, Richmond, VA 23220. Also, unavoidable delays prevented publication of the booklet as scheduled, but it should be available by the time this letter is published.

Thank you very much for your cooperation. Our local post office has been trying very hard to get

these letters to us, and I hate to think how many have been lost.

Roy B. Scherer
ADAPTS
Drug ID Project
Richmond, Va

The Journal welcomes Letters to the Editor. Letters may be sent to the Editor, The Journal, 33 Russell Street, Toronto, Ontario, Canada, M5S 2S1



Editor... Letters to the Editor... Letters to the Editor...

Open letter to columnist Gilbert...

Dear Dr Gilbert:
I have read with interest your current columns in **The Journal** (Feb, Mar, and this current issue) concerning the legalization or non legalization of cannabis. Your articles are well written, well researched, and obviously carefully considered. Unfortunately they are also spurious.

In the Feb issue, you state:

"... the official response to the phenomenon of marijuana use must be based on one indisputable premise: that marijuana is used by a few million Canadians and that there is little the government can do to reduce this prevalence without a profound change in the nature of our society."

Dr Gilbert, your "indisputable premise" is not a premise at all. It is at best a statement, at worst an irrelevancy. It is not a premise upon which you can build a logical argument. Allow me to present an example:

Major Premise: Dangerous practices should be illegal.

Minor Premise: Drunk driving is a dangerous practice.

Conclusion: Drunk driving should be illegal.

If you accept my premises you must accept my conclusion. If you wish to argue, argue then the validity of one or more of the premises. If you will not agree that drunken driving is dangerous, that's a different matter. You need not accept my conclusion.

But, let me illustrate the form your "argument" takes:

Statement: Millions of Canadians use marijuana.

Conclusion: Marijuana should be legalized.

It is really a *non sequitur*. But, if I agreed to accept that as valid, then I could validly accept this next example.

Statement: Millions of Canadians drink and drive.

Conclusion: Drinking and driving should be legalized.

Or
Statement: Millions of Canadians commit crimes.

Conclusion: Crime should be legalized.

Obviously you are not going to accept that. Because it is illogical. But the statements made are "indisputable."

I am afraid that these non sequiturs appear fairly regularly in your articles. For example, you defend the laws against drunken driving and claim that the comparison between marijuana use and drunken driving is an invalid comparison. I disagree. I submit that the situations are comparable.

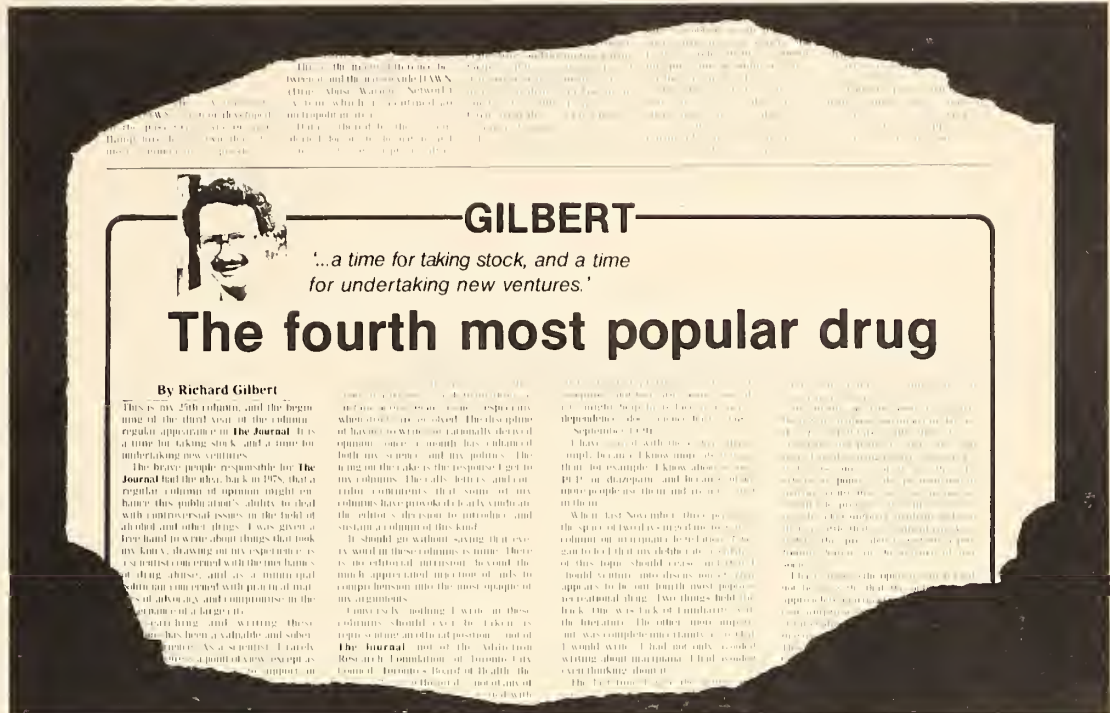
You state that few drunken drivers intend to break the law while marijuana users do intend to do so. For heaven's sake, what has that got to do with anything? You state that the law is intended to protect the innocent rather than to punish the guilty. But are the guilty not punished? Then you say it is a popular law. Do you suggest that only "popular laws" be enacted?

The reason you make these statements, of course, is that you are heading your discussion in a particular direction — you believe the unenforceability of marijuana legislation will lead to a contempt for the law. You write (in part):

"... the police have been put in such an absurd position. If they were to engage in serious enforcement of the present law, our legal system would be paralysed within a few days."

You complain that even when the police can be quite certain the marijuana laws are being broken, they seldom act. But consider how many bars and beer parlors you see that have parking lots. Can a police officer not be fairly certain some of the people in those bars are going to step out eventually and become drinking drivers?

You yourself state the chances of being caught smoking marijuana, and driving while impaired by alcohol, are both less than 1 in 100. You state that if the police engaged in serious enforcement of the marijuana laws, our legal system would be paralyzed. Well, if the police engaged in serious enforcement of the drinking and



driving laws, our legal system would be paralyzed.

But I don't see you advocating legalization of drinking and driving. You can't have it both ways, Dr Gilbert. If serious enforcement of a law leads to the paralysis of the system does that mean the law should be dropped? Which will it be? Do you want drunken driving legalized or not? Do you want marijuana legalized or not?

And I will not accept that marijuana use is a victimless crime. There is always a victim. And sometimes there is an innocent victim. Have you noticed that the insurance companies are mounting quite a massive campaign to protest any legalization of cannabis? Why are they doing this? Because their data demonstrate far too many cases where marijuana was a factor in accidents, injuries, and deaths — of people other than the users.

Your concern that marijuana legislation imposes on an individual's freedom is also misplaced. It is the nature of all societies to place certain social shackles on all its members. If you lived alone on a deserted island, you could legalize or illegalize anything you wished. Since, however, you and I live in a complex

social milieu, we have to accept certain restraints on our freedom.

For example, the laws in this country are specific when it comes to the pasteurization of milk. It is illegal to sell milk which has not been pasteurized. Yet every dairy farmer occasionally has a self-styled nutritionist ask to purchase "raw" milk and most farmers will sell it. There is a certain valid reason why people want to drink unpasteurized milk. The pasteurization process kills the phosphatase enzyme and the resultant milk is not as nutritious as the unpasteurized product. Modern dairy farming has reduced the possibilities of disease. And the chances of a drinker of raw milk contracting a communicable disease are extremely low; therefore, any danger which does exist is to the user of the milk alone. Yet the laws exist. Unpasteurized milk is illegal. Is this an infringement on the individual's rights?

Of course it is. In the strictest sense of the word. And yet we willingly accept this infringement.

It is the nature of law to put restraints on our actions. But the law is a two-edged sword. It also attempts to protect the individual from things and people who would do that individual harm. I grant

there are times when the law is almost ludicrously inefficient when it comes to protecting, but in principle the law attempts to protect as much as to restrain the individual.

Dr Gilbert, marijuana is a dangerous drug. It is commonly referred to as a "soft" drug but this is a complete misnomer. There is nothing "soft" about tetrahydrocannabinol. It is extremely dangerous — to the user and to those associated with the user. Furthermore, the physical and mental damage it does to the user is irreparable. Alcohol is dangerous, too, but at least when the long term drinker does stop, he finds that he can function well both physically and socially. This is not the case with heavy, long term users of marijuana. It is very dangerous.

I agree the law cannot protect me from marijuana if I absolutely insist on exposing myself to that danger. But at least the illegality of the drug emphasizes its dangers.

Legalization of the drug implies it is not as dangerous as all that. But it IS as dangerous as all that. And when the law implies otherwise, it is being hypocritical.

You use the term hypocrisy several times, Dr Gilbert, and you suggest legalization of marijuana avoids hypocrisy. I submit it is exactly the opposite position which is valid. Legalization of this dangerous drug is hypocrisy.

Finally, you suggest legalization and regulation of marijuana would add tremendous revenues to government coffers. Surely that would be hypocritical. The opium trade in the east in the last century — the infamous trade which led to the opium wars — added considerably to government coffers. And indirectly led to an oriental hatred of the West with which we still must contend today.

For goodness' sake, Dr Gilbert: if you absolutely must legalize a dangerous and debilitating drug, don't make a profit on it. I know the government makes a huge profit on alcohol and I believe that is also hypocritical.

I have examined your arguments and I find them wanting. I submit the legalization of marijuana would be a grievous error.

You're either for or against

Marijuana — it's a volatile issue

In an issue as volatile as that posed by marijuana, there are no gray areas. It is all black or white. You are either for pot, or against pot.

This is the opinion of no less an international authority on marijuana than Robert DuPont, former presidential advisor on drug mat-

Pot policy

Thank you for printing the letter of Mr A. M. Hurley, president of the Council on Drug Abuse (re Cannabis Control Policy, **The Journal**, Jan).

I am sure there are many of your readers who share his concerns. I hope you will be able to give more space for their letters. To exchange clinical observations about this serious problem, I believe, is of great importance.

Ingrid L. Lantner, MD
Willoughby, Ohio

ters, and now Chief Executive Officer of the American Council on Marijuana, who spoke recently in Toronto.

As a medical doctor and practising psychiatrist, Dr DuPont has always recognized the destructive potential of cannabis. He has never favored its use. However, for humanitarian reasons, he lent his support to those favoring the relaxation of marijuana legislation.

That's all in the past now. Dr DuPont has learned a lesson, not yet experienced by Richard Gilbert of **The Journal**.

As a scientist Dr Gilbert is well aware of the evidence demonstrating the destructive potential of this drug which can destroy creativity and enthusiasm, to say nothing of the physical damage it can cause to the body.

But Dr Gilbert prefers to play the role of the politician. He wants to be "fair" to those poor unfor-

tunate devils who choose to play recklessly with their health and to defy our laws. "They may end up with a court record" — what a shame.



DuPont
'learned
his
lesson'...

... writes
Burden



Let's not care that they may also ruin their chances for a productive life. Let's not consider the agony they may experience as in years to come they die painfully, victims of lung cancer. And for heaven's sake, let's not consider the cost to society, measured in terms of loss of production, lower standards of living, and escalating health costs.

Gilbert's reasons for supporting "legalization" of marijuana are irrelevant. What is important is that those most vulnerable — the youth of our nation — will view his "pro legalization" stance as being pro marijuana.

Wake up Gilbert. Come to your senses before you find your scientific credibility badly tarnished.

Karl N. Burden
Executive Director
Alcohol and Drug Concerns, Inc
Don Mills, Ont

Anne C. Percheson, MD
Outpatients Department, ARF
Toronto

INTERNATIONAL

Hong Kong researcher urges more AES studies

By Lachlan MacQuarrie

HONG KONG — Though acupuncture with electrical stimulation (AES) attracted a large number of Hong Kong narcotic users for a recent study, the out-patient program was considerably less successful in permitting patients to achieve abstinence than was hoped.

These were among the findings outlined by H. L. Wen, the principal investigator of the pilot study, in his report to the United States and Hong Kong governments, which had jointly funded the project.

The objectives of the pilot study were to examine whether AES would relieve withdrawal symptoms from physical dependence on narcotics, whether AES

together with the necessary supportive services could contribute to the social rehabilitation of opiate dependents, and whether continued application of AES could block the craving for opiate drugs and prevent relapse.

There was little difficulty in attracting the 300 volunteer patients required for the study. During the first year of operation, 904 patients applied for the project's 14-day out-patient detoxification treatment program.

Patients were assigned to one of four out-patient groups: one with AES alone, one with three days of methadone followed by AES, another with AES supplemented by seven days of methadone weaning, and a fourth with AES supported by 14 days of methadone weaning.

Methadone detoxification groups were used as comparison groups and not control groups.

Of the total membership of all groups, 25.7% completed the entire 14-day program and 10% were abstinent on the 14th day. During the first year of the project, 74.7% of AES program dropouts returned to some kind of treatment, either again to AES treatment or to some other form of treatment available in Hong Kong.

An effort was also made to measure patient satisfaction with treatment and with the ability of AES to relieve withdrawal symptoms. According to the reports, "though withdrawal

symptoms were reported as reduced by most patients receiving AES treatment, success differed markedly. It is noteworthy that those patients jointly enrolled in the AES project and at the same time attending the government methadone program frequently reported greater reduction of symptoms than those who attended the AES program only."

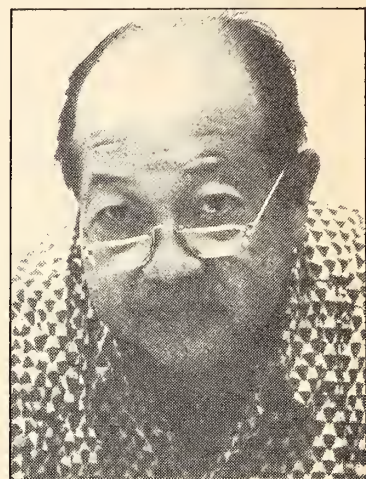
Responses of 25.6% of all patients suggested an inability to withstand drug withdrawal pain, according to the report.

One problem pointed out by Dr Wen was related to the out-patient format. Patients were free to avail themselves of other services and it was found that one in five actually attended the Hong Kong government methadone program in addition to the AES program.

The report also maintains that resource limitations "made it impossible to provide the desired levels of supportive services and aftercare." Thus, follow-up beyond the 14-day period was not possible and the effectiveness of AES combined with supportive services was largely not determined.

"It will be important," reported Dr Wen, "to study the impact of AES treatment that makes use of more intensive counselling and aftercare practices than was possible in this study."

"In order to determine the efficacy of comprehensive AES programming, the patient should have the benefit of counselling and



Dr Wen

aftercare and after detoxification, if possible, patients should be referred to a psychosocial rehabilitation centre or a half-way house."

In the report, however, Dr Wen does outline certain positive factors. The study clearly demonstrates that for Hong Kong's opiate dependents, AES is an acceptable form of treatment capable of attracting a significant number of patients.

The study also maintains that "a combined use of acupuncture and methadone could prove useful with some body of addict patients. It is noteworthy that a substantial portion of AES volunteers came from the ranks of (Hong Kong government) methadone programs and that the largest number of successful clients came from that group receiving AES in conjunction with 14 days of methadone."

The report suggests that additional studies are indicated in which certain modifications will be necessary, "to make AES more effective and still more attractive."

It will also be important that any follow-up study be controlled with a view to eliminating the dual treatment problems encountered in this project, and with a view to isolating the possible placebo effect of AES.

UK urging alcohol ed for MDs

LONDON, England — A greater effort is being made in Britain to alert the medical profession to the nation's increasing use of alcohol.

Professor Philip Rhodes, post-graduate dean, University of Southampton, made this clear at the annual meeting of the Medical Council on Alcoholism here.

The objective, he said, was to ensure doctors could detect alcohol abuse earlier so they could intervene before it became serious.

Professor Rhodes told the meeting that Britain's system of post graduate education, in which all doctors could contribute either as teachers or students, was responsive through regional schools to the requirements of national bodies. Education about alcoholism could be directed through central, regional, and local institutions — a system which had already been shown to be effective in bringing home the message, for example, about baby battering.

Attitudes would be difficult to change, but they could be changed slowly as historical evidence on smoking demonstrated.

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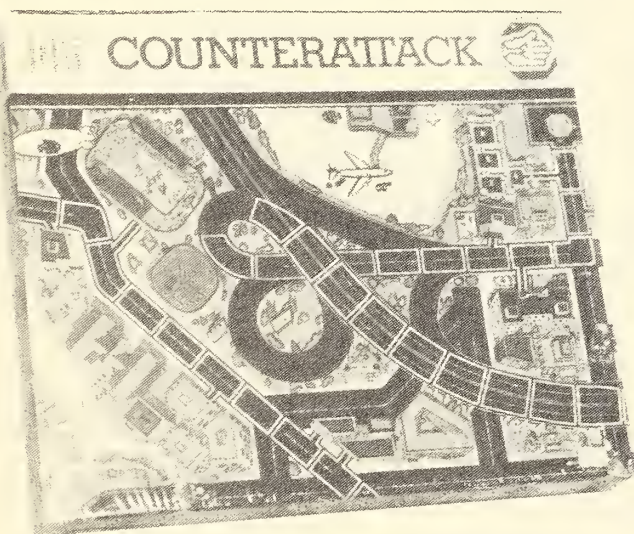
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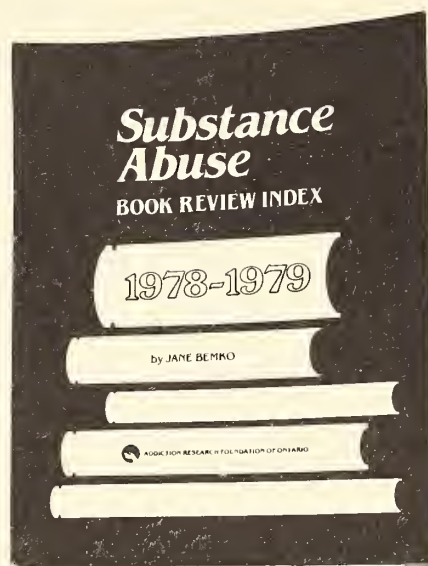
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This book review index is of primary use to librarians or others who are asked to find published book reviews by subject, by author, or by title. Although this publication does not contain the actual reviews, it guides the user to more than 250 journals which have reviewed publications in the substance abuse field.

The indexes to the book review index include an author index, title index, and subject index, and the introduction includes a list of abbreviations used for the 250 journals cited in the publication.

There are 364 books represented in this publication and some 91 indexing terms used in the subject index.

The author plans to update and cumulate this index periodically.

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DEPARTMENT

Projections

The following selected evaluations of audio-visual materials have been made by the Audio Visual Assessment Group of the Addiction Research Foundation of Ontario. The ratings are based on a six point scale. For further information, contact Jenny Cafiso, coordinator of the group, at (416) 595-6150.

Alcohol And Drugs:
Making The Decision

Projection Number: 422.

Subject Heading: Youth and alcohol; attitudes and values; communication.

Details: 26 minutes; 16mm; color. Synopsis: Paul Williams narrates this overview of alcohol use past and present. Through simulations, situations of alcohol use are portrayed. A decision-making model is presented by Meridith Baxter Birney to aid in taking responsibility for one's life and in using alcohol wisely. People who have abused alcohol tell why they started, how it affected their lives, and why they no longer drink. Paul Williams concludes by saying that help is available for those who feel their lives are unmanageable.

General Evaluation: Good (3.9). This contemporary and informative film was judged to be a good teaching aid and may be influential in decision-making regarding drug abuse.

Recommended Use: This film is likely to benefit audiences 12 years of age and older.

Born Drunk

Number: 443.

Subject Heading: Drugs — pharmacology; drug use — etiology and epidemiology.

Details: 10 minutes; 16mm; color. Synopsis: Alcohol use by pregnant women, even in moderate amounts, can pose severe risks. While the effects of drinking on unborn children vary greatly, these children run the risk of being affected by the Fetal Alcohol Syndrome. This condition may include various abnormalities at birth, abnormal physical development, and mental retardation. While it is not known how much alcohol is required to produce these effects, two ounces per day seem to be sufficient to cause at least some of them. Several children exhibiting these characteristics are shown in the film. Some of the mothers lament the fact that they did not know that their drinking could have these results. It is pointed out that the problem is tragic since this irreversible syndrome is preventable.

General Evaluation: Good-very good (4.7). This contemporary, informative film has a clear message. It may help in decision-making regarding alcohol use and is a good teaching aid. Public broadcast and ARF purchase were recommended.

Recommended Use: This film is likely to benefit audiences 12 years of age or older.

No Thanks I'm Driving

Projection Number: 424.

Subject Heading: Youth and alcohol, impaired driving.

Details: 16 minutes; 16mm; color. Synopsis: This, the third film in the series (see Projection # 423) on driving, illustrates the dangers of not being in complete control when driving a car. Bill McVean emphasizes the importance of not drinking when flying an airplane and explains that similar skills and concentration are needed in driving a car. The chances of being killed if driving while impaired are discussed as well as the high rates of insurance for someone with a drinking driving conviction. McVean concludes that since race car drivers and pilots do not drink before driving or flying, neither should we before driving a car.

General Evaluation: Very good — excellent (5.7). This well-produced, informative, contemporary film with a clear message received high ratings in all categories. It is a good teaching aid and it could produce attitudes opposed to alcohol abuse. Public broadcast and ARF purchase were recommended.

Recommended Use: This film is likely to benefit audiences 12 years of age and older.

All My Tomorrows

Projection Number: 428.

Subject Heading: Youth and alcohol; drugs and youth.

Details: 17 minutes; 16mm; color. Synopsis: A young woman lies in a hospital being fed intravenously, unable to communicate, but apparently asking herself: "Why me?" Six months ago she had been bemoaning her life — having to live at home because she did not make enough money working at a bakery; having to deal with hassles from her parents. The only way she felt good was going out with her friend, Wayne. One night they went to a party. She had a few drinks, then popped a few "reds." When she started feeling excessively drowsy, Wayne put her in a bedroom to rest. Later she is found to have stopped breathing. At the

hospital, efforts are made to revive her, but now her brain is permanently damaged.

General Evaluation: Good (4.1). This contemporary and informative film has a clear message and was rated a good teaching aid. It was considered likely to have an emotional impact on the audience and to produce attitudes opposed to drug abuse. Public broadcast and ARF purchase were recommended.

Recommended Use: Likely to benefit audiences 12 years of age and older.

Until I Get Caught

Projection Number: 432.

Subject Heading: Youth and alcohol, impaired driving.

Details: 30 minutes; 16mm; color. (Also available in a 60 minute version.)

Synopsis: The problem of drinking and driving is discussed in this documentary film. The number of deaths resulting each year from drinking and driving serve to illustrate the seriousness of this crime. Many states in the United States have set .10% as the legal limit of alcohol concentration in the blood for driving; however, in the film it is demonstrated that even at the level of .08% a driver has a significant chance of being involved in a traffic accident. The

case of Sweden is discussed; there, education and strict regulations have been enforced which have helped to bring the problem of drinking and driving under control. It is stressed that there is a real necessity in the United States to take measures to change people's behavior and attitudes.

General Evaluation: Very good — excellent (5.4). This contemporary, well-produced, informative film has a clear message and was judged to be a good teaching aid. Public broadcast and ARF purchase were recommended. Recommended Use: This film is likely to benefit audiences 15 years of age and older.

Drinking Driver: What
Could You Do

Projection Number: 433.

Subject Heading: Youth and alcohol; impaired driving.

Details: 13 minutes; 16mm; color. Synopsis: A group of teenagers on a picnic drink a great deal. It is pointed out that this is a re-enactment of thousands of similar situations that occur every year. A number of misconceptions about alcohol are discussed, such as the myths that exercise, coffee, or food help make people sober. Four situations are presented in which one of the young people is faced with a decision regarding drinking and driving and ways to prevent a possible accident.

General Evaluation: Good — very good (4.7). This is a contemporary, informative, and well-produced film with a clear message.

It is a good teaching aid and may help in decision-making regarding drinking and driving. Public broadcast and ARF purchase were recommended.

Recommended Use: Recommended for audiences 12 years of age and older. The presence of a resource person is essential in order to facilitate discussion dealing with reactions to the film.

Goofy, "No Smoking"

Projection Number: 437.

Subject Heading: Smoking.

Details: 7 minutes; 16mm; color. Synopsis: In this animated film, the addictive qualities of tobacco smoking, its strong hold on a person's behavior, its destructive effects, and the difficulties of quitting are illustrated. Goofy is shown as being obsessed with smoking — he is seen smoking every minute of the day and during any activity. As he becomes aware of some of the negative effects of smoking, such as burning eyes and coughing, he tries to quit but this proves to be very difficult. Even after he has quit, he cannot cope and soon succumbs to the temptation again.

General Evaluation: Good to very good (4.6). This is an entertaining, interesting, well-produced film with a clear message. It is a good teaching aid, and may produce attitudes opposed to smoking. Public broadcast was recommended.

Recommended Use: This film can be used with any audience, but children in particular.



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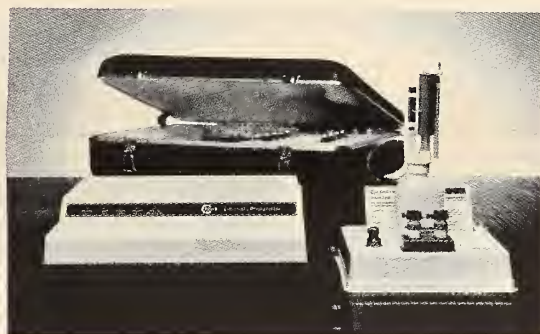
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DEPARTMENT

New Books by RON HALL

Alcohol And Other Drug Use Among Ontario Students: A Continuing Study

... by Reginald G. Smart, Michael S. Goodstadt, Margaret A. Sheppard, and Carolyn B. Liban

This report presents the basic findings about the frequency of drug use and how these relate to some demographic characteristics of students in grades 7 to 13 surveyed in 1979. The findings indicate that alcohol, tobacco, and cannabis were the drugs most commonly used and that there were more male than female users of alcohol, cannabis, glue, non prescription barbiturates, speed, other hallucinogens, and cocaine. There were more female than male users of tobacco. The major changes since the study in 1977

were that the use of tobacco, cannabis, non prescription stimulants, and LSD increased. The use of tobacco and cannabis increased among younger students (13 and under). The use of alcohol and most illicit drugs was most common in the eastern part of the province, whereas in 1977 use was the most common in the north.

(Addiction Research Foundation, Marketing Services, 33 Russell Street, Toronto, Ontario M5S 2S1. 1980. 40p. \$4.95.)

Dr Bob And The Good Oldtimers: A Biography With Recollections Of Early AA In The Midwest

This book attempts to present the life of Dr Bob, the youngster who grew up in late 19th century Vermont becoming a hard-drinking college boy, then a medical student dealing with alcoholism, a

respected physician, an increasingly unreliable family man, and finally, a desperately ill drunk. The book records the day of his last drink, and the beginning of Alcoholics Anonymous.

(Alcoholics Anonymous World Services Inc, 468 Park Avenue South, New York, NY 10016. 1980. 373p., \$5.50).

Logotherapy: New Help For Problem Drinkers

... by James C. Crumbaugh, William M. Wood, and W. Chadwick Wood

This book is aimed at demonstrating to the problem drinker and his family the nature and causes of alcohol abuse. The first part presents the biological side of alcoholism, while the second explains the principles of logotherapy and provides a step-by-step adaptation of this treatment to the problem of alcohol abuse. Logotherapy holds that the will to find meaning is a man's primary source of motivation. Without an adequate outlet for this basic need, man develops a state of mind known as "existential vacuum," which creates a feeling of emptiness. Alcohol abuse is one way that people try to alleviate feelings of emptiness. The authors provide a pattern for the alcoholic to follow to overcome this "vacuum." An explanation is offered on how to choose a basic approach to the question of life meaning, and exercises are described for building self-confidence.

(Nelson-Hall Publishers, 111 N. Canal Street, Chicago, IL 60606, 1980. 173p. \$14.95.)

Substance Abuse Book Review Index 1978-1979

... by Jane Bemko
This volume is intended to assist

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Alcoholism treatment professional to assume major teaching, service, and research role within Dept. of Family Medicine. Terminal degree in Psychology or related field and proven competence in alcoholism treatment. (Experience in ambulatory health care setting desirable.) Resumé and salary requirements to Ray Bissonette, Dept. of Family Medicine, 840 Humboldt Parkway, Buffalo, NY 14211.

librarians, acquisitions departments, authors, and book purchasers in general by providing references to book reviews. Each entry provides the full citation for the book and the journal citations for the reviews of that book. A total of 364 books are cited and the reviews appeared in journals published in 1978 and 1979. Each issue of approximately 250 journals was scanned on a regular basis over the two-year period, and most of the books cited deal with abuse of substances, causes, or results, the abused substances themselves, or other directly related topics. The work is

indexed by author, title, and subject.

(Addiction Research Foundation, 33 Russell Street, Toronto, Ontario M5S 2S1. 1980. 87p. \$5.95.)

Other Books

The Medical Consequences Of Chronic Alcohol Abuse — Mullin, C. S., Massachusetts Dept of Public Health, Boston, 1980. Brief description of adverse effects on body organs and systems as well as a section on the interaction of alcohol with medications. References, bibliography. 33p.

one may wish to focus on a specific theoretical component of interest in Part 2 followed by selective reading of appropriate overview material in Part 1. A series of guides facilitates cross-theory comparisons.

(National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857. 1980. 529p.)

Drugs, Kids, And Schools: Practical Strategies For Educators And Other Concerned Adults

... by Diane Jane Tessler

This book is intended to provide resources and strategies to help educators cope with children involved with substance abuse. The chapters are based on interviews with drug users, former users, and non users; knowledgeable individuals in the field of drug abuse and drug education; and anonymous questionnaires administered to more than 500 junior high and high school students from diverse socio-economic backgrounds. The first four chapters include background information on the current drug abuse situation, and chapters 5 through 7 are intended to help educators and parents deal with the problem more effectively. Chapter 8 provides young users and non users with an opportunity to share their thoughts with readers. The book focuses on students 12 to 18 years of age, but information and activities for elementary school teachers, administrators, nurses, and counsellors have been included.

(Goodyear Publishing Company, 1640 Fifth Street, Santa Monica, CA 90401, 1980. 224p. \$8.95.)

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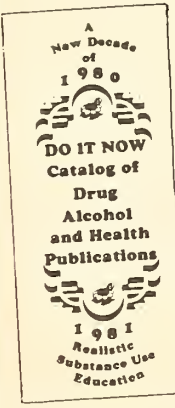
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DEPARTMENT

Coming Events

Canada

4th Annual Scientific Meeting of the Canadian College of Neuropsychopharmacology — Apr 23-25, Toronto, Ontario. Information: Dr Jerry J. Warsh, Clarke Institute of Psychiatry, 250 College Street, Toronto, Ont M5T 1R8.

Drug Abuse: Policy Options for British Columbia — Apr 30-May 2, Vancouver, British Columbia. Information: Continuing Studies, Simon Fraser University, Burnaby, BC B5A 1S6. 604-291-4565.

24th Annual Scientific Assembly of the College of Family Physicians of Canada — May 11-13, Quebec City, Quebec. Information: The College of Family Physicians of Canada, 4000 Leslie St, Willowdale, Ont M2K 2R9.

Art as Applied to Medicine — May 14, 15, 16, Toronto, Ontario. Information: Faculty of Medicine, University of Toronto, 256 McCaul Street, 3rd floor, Toronto, Ont.

A Human Approach to a Human Being Aspiration: Recovery from Alcoholism — May 20-22, Regina, Saskatchewan. Information: Herman Hovland, 2140-9th Avenue N, Regina, Sask.

Smoking or Health in the 80s — May 28, Toronto, Ontario. Information: Mrs M. Nefsky, Secretary to the Planning Committee, Smoking or Health in the 80s, Second Floor, 7 Overlea Boulevard, Toronto, Ont M4H 1A8.

8th Biennial Conference of the Canadian Guidance and Counseling Association and SCOC — June 2-5, Calgary, Alberta. Information: The Registrar, CGCA/SCOC Conference, Faculty of Education, University of Calgary, 2500 University Drive NW, Calgary, Alta T2N 1N4.

81st Annual Meeting of the Canadian Lung Association, the Canadian Thoracic Society, the Canadian Nurses' Respiratory Society and the Physiotherapy Section — June 21-24, Saskatoon, Saskatchewan. Information: Canadian Lung Association, 75 Albert Street, Suite 908, Ottawa, Ont K1P 5E7.

58th Annual Meeting of the Canadian Paediatric Society — June 26-30, Winnipeg, Manitoba. Information: CPS, Sherbrooke, Que J1H 5N4.

15th Canadian Addictions Foundation Conference — July 7-10, St John's, Newfoundland. Information: Vernon Lang, Canadian Addictions Foundation, Suite 1100, 251 Laurier West, Ottawa, Ont.

United States

Issues of Sexuality in Alcoholism Counselling — Apr 9, 10, 11, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Gatekeeper Training Program — Apr 9, 10, May 12, 13, June 3, 4, Minneapolis, Minnesota. Information: Gatekeeper Training Program, Appleby Hall, University of Minnesota, Minneapolis, MN 55455.

Workshop on Chemical Dependency and Adolescents — Apr 12-17, Minneapolis, Minnesota. Information: Training Department, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Chemical Dependency and Family Intimacy Training Project — Apr 22-24, June 10-12, Sept 14-16, Oct 28-30, Minneapolis, Minnesota. Information: Eli Coleman, Chemical Dependency and Family Intimacy Training Project, Program in Human Sexuality, 2630 University Avenue SE, Minneapolis, MN 55414.

The Second Annual Midwest Crisis Intervention Convention — Apr 24, 25, 26, Milwaukee, Wisconsin. Information: Underground Switchboard, PO Box 11454, Milwaukee, WI 53211.

National Conference on the Sexual Aspects of Substance Use

In order to provide our readers with adequate notice of forthcoming events, please send announcements, as early as possible, to: The Journal, 33 Russell Street, Toronto, Ontario, Canada, M5S 2S1.

and Abuse — Apr 27-28, San Francisco, California. Information: Stephanie Ross, Haight Ashbury Training and Education Project, 409 Clayton St, San Francisco, CA 94117.

Alcohol/Drug Counselling Skills: An Introductory Workshop — Apr 27 - May 1, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Sexual Aspects of Prescription Drugs — Apr 29-30, San Francisco, California. Information: Stephanie Ross, Haight Ashbury Training and Education Project, 409 Clayton Street, San Francisco, CA 94117.

Abroad

4th International Meeting of Pharmaceutical Physicians — Apr

27-30, Paris, France. Information: General Information Department, PO Box H, East Brunswick, NJ 08816.

27th International Institute on the Prevention and Treatment of Alcoholism — June 15-20, Vienna, Austria. Information: International Council on Alcohol and Addictions, Case postale 140, Ch-1001, Lausanne, Switzerland.

11th International Institute on the Prevention and Treatment of Drug Dependence — June 22-27, Vienna, Austria. Information: International Council on Alcohol and Addictions, Case postale 140, Ch-1001, Lausanne, Switzerland.

The People's Republic of China Medical Exchange Team — June 26 - July 18. An information exchange with the medical and

psychiatric community in China, concerning advances in mental health. Information: Professional Exchange Travel, Ltd, 2 Metacomet Drive, East Granby, CT 06026.

8th International Congress of Pharmacology — July 19-24, Tokyo, Japan. Information: General Information Department, PO Box H, East Brunswick, NJ 08816.

International Research Conference on Narcotics — July 26-30, Kyoto, Japan. Information: Hiroshi Takagi, Department of Pharmacology, Kyoto University, Sakyo-Ku, Kyoto 606, Japan.

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Please submit a resume and salary history to: James L. Brookhart, Personnel Assistant, Howard Community Hospital, 3500 S. Lafountain, Kokomo, Indiana 46901.

Breakthroughs in . . .

Opioid Dependence Mechanisms and Treatment

by **Abraham Wikler**
University of Kentucky Medical Center

Written by an expert on the subject, *Opioid Dependence* covers the etiology of opioid dependence, the actions of opioid analgesics and opioid antagonists, theories of tolerance to and physical dependence on opioids, and diagnosis and treatment of opioid dependence and other topics.

270 pp., illus., 1980, \$27.50 (\$33.00/£17.33 outside US)

Marihuana The First Twelve Thousand Years

by **Ernest L. Abel**

"... a remarkable synthesis, based on a most thorough and astonishing knowledge of the literature... expertly presented [with] an originality seldom encountered in this kind of writing."

—**Richard Evans Schultes**
Botanical Museum of Harvard University

302 pp., illus., 1980, \$17.95 (\$21.54/£11.31 outside US)

The Heroin Stimulus Implications for a Theory of Addiction

by **Roger E. Meyer**
University of Connecticut Medical School and **Steven M. Miron**
Harvard Medical School and McLean Hospital, Belmont, Massachusetts

"... a provocative, valuable work that significantly contributes to knowledge of the determinants and characteristics of heroin use and dependence."

—**Robert B. Millman, The Sciences**
*276 pp., illus., 1979, \$25.00 (\$30.00/£15.75 outside US)

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For the first time in almost a decade, the People's Republic of China this year sent a team of observers to the meeting of the United Nations Commission on Narcotic Drugs in Vienna. As they did in 1973, the Chinese sparked a good deal of curiosity, interest, and friendliness among other delegate and observer nations.

In a formal statement to the commission — they spoke both formally and informally through interpreters — the Chinese gave a brief account of China's policy on the "control of narcotic drugs." It appears below in the UN translation.

The statement suggests China has been successful in eliminating drug addiction — remarkably so in contrast to many Western nations now doing battle with a new increase in heroin production, use, and trafficking networks. However, Western visitors to China in recent years, some of them experts in the field, report there is no evidence of drug problems in China and tend to believe that this vast nation of one billion people has indeed conquered drug addiction. Wong Jiechen presented the statement.



H. David Archibald

CHINA - keeping drugs out

As is known to all, there was no opium in China until the 18th century when it was brought into the country from outside. The Chinese term for opium is a word of foreign origin.

In the 19th century, the imperialists, in collusion with corrupt Chinese officials, smuggled opium into China and even resorted to force of arms in selling the drug in the country. Together with the feudal landlords, they forced Chinese peasants to cultivate opium poppy so as to gain fabulous profits.

As a result, the whole country was plagued with drugs. Each year in the late 19th century, more than 4,000 tons of opium, worth more than 30 million taels of silver, were dumped into the country. Prior to the founding of New China, the Chinese people had long suffered from oppression by imperialism, feudalism, and bureaucrat-capitalism, and from the scourge of narcotic drugs brought by them. It is estimated there were as many as 10 million opium, morphine, or heroin addicts in old China.

After the founding of the People's Republic of China in 1949, the Central People's Government launched a campaign in 1950 to eliminate opium smoking with a view to rehabilitating and developing production; protecting the people's health; and changing prevailing habits, customs, and social traditions. With the support of the people, the poisonous effects of opium drugs were eradicated in a short period of time by taking the following fundamental measures:

(1) *Administrative measures combined with publicity and education.*
The Government Administration Council of the Central People's Government promulgated in February 1950 the Decree on the Strict Prohibition of Opium Smoking and called on governments at various levels to carry out extensive propaganda and education and mobilize the people for concerted action. In the meantime, the Government worked out specific measures to inspect and prohibit the cultivation and smoking of drugs and set a deadline for it. It was stipulated that as from the date of the promulgation of the decree, no cultivation, traffic, manufacture, and sale of narcotic drugs were allowed in the country and whoever violated the decree would be subject to severe punishment in addition to the seizure of the narcotic drugs.

(2) *Severe punishment to criminals and the burning of opium.*
The public security and judicial departments of the People's Government at various levels made conscientious efforts to search for and arrest smugglers, and to prohibit strictly the traffic and sale of narcotic drugs, thus checking the spread of narcotic drugs. To give an example, in 1950, in some provinces of southwest China, 550,000 taels of narcotic drugs and some 200,000 pieces of smoking paraphernalia were burnt in public, 5,400 opium dens (were) closed down, and more than 10,000 drug traffickers were tracked down. Most of them were willing to make a clean breast of their crimes and repent,



At the UN: two members of China's observer team confer.

and were given an opportunity to mend their ways whereas stern punishment was inflicted upon 37 chieftains of trafficking groups who refused to mend their ways and were engaged in traffic of narcotic drugs in large quantity. What we did was acclaimed by the people.

(3) *Prohibition of illicit cultivation.*
In the land reform which was carried out in early post-liberation days in China, poppy land of the landlords was distributed to the peasants for growing grain and industrial crops. For instance, in the national minority-inhabited area of Lei Bo in southern Sichuan province, local prestigious personages took the lead in giving publicity to the policy on the strict prohibition of opium drugs. The local government made great efforts to help solve the problem of seeds and funds resulting from switch-over to agricultural crops, thereby eliminating the growth of opium poppy in this area.

(4) *Compulsory relinquishing of drug addiction.*
Medicines for abandoning narcotic drugs were prepared by health departments with progressive decrease of morphine content, and the prescriptions were disseminated. Poor addicts were given medical treatment free of charge or for a smaller fee. Treatment clinics were set up in areas where drug addiction was more serious. As a result of the extensive propaganda and education, addicts were sent to the treatment clinics by their family members. In the City of Tianjin, the method of progressive decrease of opium tincture was adopted for opium smokers. This is to reduce, in a progressive manner and according to the extent of opium smoking and the number of years in opium smoking, the content of opium tincture until it is completely relinquished.

The aforementioned measures have guaranteed the elimination in China, early in 1952, of opium scourge and drug addiction left over from the old society. For the past 30 years, we have consistently adhered to the policy and measures on the strict control over narcotic drugs, winning the appreciation of the just world opinion.

In the last two years, we have discovered that some narcotic drugs were illegally brought into China by some individual foreign tourists in the name of

abandoning narcotic drugs; and some bad elements in some places in the border area of China engaged in illicit traffic of narcotic drugs in collusion with foreign traffickers. They have been seized and dealt with severely by our departments concerned.

We hereby reiterate that no one is allowed to engage in traffic and sale of narcotic drugs in places under the jurisdiction of the Chinese Government. Once discovered, whether at sea or by the border, we shall take firm measures to seize them and, in addition to the confiscation of narcotic drugs, punish them severely in accordance with the provisions of the Criminal Law of the People's Republic of China.

Since the founding of the People's Republic, we have also exercised strict control over narcotic drugs for medical purpose.

The Ministry of Public Health of the Central People's Government issued in 1950 the Provincial Regulation on the Control of Narcotic Drugs. Production of narcotic drugs and cultivation of original plants are carried out by designated units under state control. Annual plans are approved by the Ministry of Public Health in the light of medical needs and cannot be changed by production units without authorization. The units are not allowed to sell or use the drugs, which must be delivered to the state-run China Pharmaceutical Company for unified purchasing and allocation to pharmaceutical companies in different places for supply to medical institutions in accordance with the established procedures.

Only with approval from the prefectural or municipal health bureau can they be purchased for use by medical institutions with beds, and other medical facilities, and capable of performing surgical operations. Medical doctors must keep to medical principles and prescribe for correct use on the merit of the patient's case.

No other organization or individual is allowed to cultivate, manufacture, sell, or use narcotic drugs. Violators are subject to disciplinary, economic, or criminal sanctions on the merit of each case.

It is stipulated in China's Criminal Law that: anyone who manufactures, traffics, or ships opium, heroin, morphine, or any other narcotics, shall be sentenced to a set term imprisonment of no more than five years or be detained; a fine may be imposed concurrently. Anyone who manufactures, traffics, or ships the aforesaid narcotics persistently or in bulk shall be sentenced to a set term imprisonment of no less than five years and may be punished concurrently with confiscation of property.

With regard to the problem of drug dependence, we had a few cases of this kind, as a result of use of psychotropic substances, in some parts of our country. We have reinforced our drug administration measures and control on the production and supply of such substances. The psychotropic substances can only be used on prescription by medical doctors. Much publicity has been given to the correct and rational use of such drugs (including their pharmacological action and

harmful effects of drug abuse). Good results have been achieved in this respect.

We have noted with concern that, as stated in the reports of the Commission on Narcotic Drugs and the International Narcotics Control Board in recent years, in some countries and regions, the cultivation, production, traffic, and sale of narcotic drugs, and drug addiction, are still serious problems.

We hold that the elimination of the poisonous effects of narcotic drugs depends first of all on the firm determination, explicit policy, and effective measures of the government of a given country. It also calls for the efforts of the masses of the people and cooperation among government functional departments and mass organizations in a joint effort to fight relentlessly against the poisonous effects of narcotic drugs.

Only by so doing, can effective results be attained.

Secondly, it is necessary to strengthen international cooperation so as to reach some practicable agreements, on the basis of respecting the sovereignty of each country, on the control measures of narcotic drugs.

Thirdly, it is important to strengthen scientific research on narcotic drugs and drug dependence. The Commission on Narcotic Drugs, the United Nations Division of Narcotic Drugs, the International Narcotics Control Board, the United Nations Fund for Drug Abuse Control, and the United Nations Narcotic Laboratory have had fruitful cooperation with the World Health Organization; the United Nations Educational, Scientific and Cultural Organization; and other international bodies in conducting research on the improvement of analytical techniques and medical use of narcotic drugs, epidemiological study of drug dependence, development of drug monitoring systems, exchange of drug control information and publishing of technical publications.

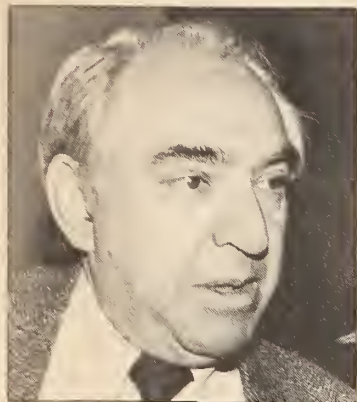
Mr Chairman, we are convinced that, as the people of the world detest the poisonous effects of narcotic drugs, it is possible eventually to eliminate them so long as the governments and people of various countries fight resolutely against them and take effective control measures in the international arena.

The Chinese Government and people will, as always, persist in strict control over narcotic drugs, guard against their poisonous effects, fight firmly, and exert utmost efforts for the protection of the people's health and for the cause of friendship among the people of the world.

Thank you, Mr Chairman.



Cannabis data still meagre, experts agree



▲ **Jack Mendelson**

'The data we possess are not sufficient.'

▼ **Kevin Fehr**

'Identification of knowledge gaps is important.'



▲ **Harold Kalant**

'What we know and what we don't know.'

MAY 15 1981

▼ **Robert Petersen**

'Health is only one of several elements.'



Adverse health and behavioral consequences of cannabis use:

Pat Ohlendorf reports on an international meeting sponsored by the World Health Organization and the Addiction Research Foundation

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Vol. 10 No. 5

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TORONTO May 1, 1981

The Journal

Published monthly by Addiction Research Foundation WHO Collaborating Centre for Research and Training on Alcohol and Drug Dependence Problems

UK report challenges alcohol strategy

By Alan Massam

LONDON — A new and persuasive report here questions the received wisdom of some workers in the field of alcoholism that there is a direct and inflexible relationship between alcohol price, overall consumption, and incidence of alcohol-related problems, and therefore the only strategy is price regulation.

The challenge comes from the (British) Office of Health Economics (OHE), research wing of the Association of the British Pharmaceutical Industry.*

It endorses the claim of a Home Office Research Unit paper published earlier this year that more attention should be given to situational factors relating to the physical environment and the social context in which drinks are taken.

The OHE report says although the Home Office document was described in *The Lancet* as "a

(See — Price — page 2)

Five joints a week for mothers linked to abnormalities in infants



By **Austin Rand**

OTTAWA — A woman who smokes as few as five marijuana cigarettes or joints per week during pregnancy can affect the functioning of her baby's central nervous system, suggests a study by Peter Fried, psychology department, Carleton University, Ottawa.

The study points to a link between marijuana smoking and an increased incidence of abnormal reactions to light, marked tremors, exaggerated startle reflex, and poor self-quieting.

It provides the first direct data available on the effects of the popular drug on the human fetus. Previous reports have been confined to animal observations, with the exception of two case histories of polydrug users, reported in 1968 and 1969.

Dr Fried recruited 291 mothers-to-be who were patients of 16 obstetricians in the Ottawa area, describing the study as an examination of the impact of maternal lifestyle factors on the health of the baby. They were interviewed immediately after first contact and then reinterviewed in subsequent trimesters.

Included in the data obtained was information on the use of alcohol, nicotine, and marijuana in the year preceding pregnancy

and during each trimester.

With respect to marijuana use, the women were placed in one of four categories: non-user; irregular user, smoking an average of no more than one joint weekly or not smoking but exposed to others' smoke; moderate user, averaging two to five joints weekly; or heavy user, smoking more than five joints per week.

Use of opiates, amphetamines, or cocaine on more than one occasion during the pregnancy excluded women from the sample.

Of babies born to the 291 women, 89 were available for assessment at 60 to 80 hours after birth. The instrument used, the Brazelton Neonatal Assessment set of scales, provides information on the new-

born's capacity to interact with the environment.

Data were obtained on a control group of 66 babies whose mothers had not been exposed to any marijuana during pregnancy; 12 babies whose mothers had been irregular users; and 11 whose mothers had been regular users, either in the moderate or the heavy category. In this third group was included one baby whose mother had been a heavy pre-pregnancy user (eight joints per week) but who had abstained completely during pregnancy.

Regular (moderate or heavy) users were demographically distinguishable, being characterized by a lower average age than the remainder of the sample (26.0 vs

(See — Babies — page 2)

Budget cuts 'a less important reality'

Alcoholism treatment must survive

By **Harvey McConnell**

NEW ORLEANS — Alcoholics and their "crushing need" for treatment will not go away whatever the cuts in federal assistance.



DeLuca: "treatment planning is the key."

This is the warning John DeLuca, director of the United States National Institute on Alcohol Abuse and Alcoholism (NIAAA), gave to the annual conference of the National Council on Alcoholism (NCA) here.

Mr DeLuca said: "We face the reality of less dollar resources available to assist us. We must not deny that event."

However, whatever problems there may be in America's troubled economy there is a more important reality which has to be faced and that is the alcoholic: "The alcoholic's crushing need will not go away."

Mr DeLuca said the need for treatment is as important today as it ever has been.

"We must ensure the continuation of our treatment capacity,

the improvement of treatment skills, and the discovery of better methods of preventing alcoholism.

"Stable, long-term treatment financing is the key to guaranteeing the continued availability of alcoholism treatment programs."

"The public officials in your state must understand the enormous cost of alcoholism to individuals, their families, and their communities. They should join with us to meet the challenge. It is cost effective for every state to tackle this problem head on."

Mr DeLuca said cost benefits are also realized by private insurance companies in reimbursing for alcoholism treatment because this results in long-term reduction of other health care costs. He said this effort must be pursued through individual states cooper-

ating with private insurance companies and within federal government programs such as Medicaid and Medicare.

"At the national level there may be no more important challenge in the coming decade than basic research," he said, adding there is no reason to assume that finding answers will be quick or easy.

"Another challenge for this decade is to face alcoholism in the larger context of disease prevention and health promotion. We must find more effective ways to demonstrate the appropriate use/non-use of alcohol in order to encourage Americans to lead healthier lives.

"The effort to establish for Americans the specific health consequences of excessive consumption must be accelerated."

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NEWS

Briefly...

SANTA CRUZ, CA — In a drug raid here authorities have confiscated two canisters of deuterium, an isotope used in making nuclear weapons. They also found \$365,000 and a small arsenal. The deuterium is believed to have come from Massachusetts, according to a report in *Narcotics Control Digest*.

WASHINGTON — Women in the workforce have higher rates of alcoholism than housewives, and married women who work outside the home drink more heavily and have higher rates of problem drinking than either housewives or single working women, says the Fourth Special Report to Congress on Alcohol and Health. The risk of developing alcohol-related problems was found to be particularly high among women who live with heavy drinkers.

MONROVIA, Liberia — In an effort to tighten security at the international airport here, passengers who bring in illegal drugs will be given 25 lashes immediately upon discovery. According to a report in the *Toronto Globe and Mail*, the chief of airport security, Colonel Daniel Doe, said the lashes would be given before prosecution.

NEW ORLEANS — Nancy K. Mello of the Harvard Medical School at McLean Hospital, Belmont, MA, was awarded the \$2000 Monograph Prize on the etiology of alcoholism here in April at the National Alcoholism Council's 1981 conference. The Mary Cullen Research Trust, which sponsors the prize, presented the 1980 award to Dr Mello.

ATLANTA — Outbreaks of salmonellosis in Ohio and Michigan have been traced to contaminated marijuana by the Center for Disease Control here. A report in *The Medical Post* says the marijuana, possibly contaminated by animal feces, is likely to have come from a common source. Sixty-two people were affected by the infection, which commonly produces diarrhea and abdominal pain. Marijuana has never before been found to be a source of salmonellosis.

ALBANY — Heroin-related emergency room cases in New York City increased 264% from the second half of 1978 to the second half of 1980, according to a report released here by the New York State Division of Substance Abuse Services. Deaths from drugs, mainly narcotics, increased 92% between 1978 and 1979, and there are 1,200 people on waiting lists for admission to drug programs.

High risk motorists will face life bans

LONDON — The first move of the British government's expected clampdown on drinking driving offenders puts some motorists at risk of being banned for life.

The new regulations will take effect from the end of 1982 and are part of a Transport Bill expected to get royal assent this summer.

Under the regulations, a driver convicted of a serious offence involving an alcohol level of more than 0.20% twice in a 10-year period will be liable to have his driving licence withdrawn indefinitely.

He will have to give medical evidence of freedom from alcohol

problems before consideration will be given for the return of the licence.

How freedom from alcohol problems can be medically established has not been defined.

The government's initiative has been welcomed by the British Medical Association and follows years of campaigning by its secretary John Havard. Dr Havard's chief undersecretary, Dr Frank Wells, told *The Journal* that, if anything, the association would have liked the regulations to be tougher. For example it would like to see the establishment of a list of "high risk" drinking driving

offenders which in itself could act as a deterrent.

He said the decision on whether a drinking driving offender had managed to overcome his alcohol problem would be the responsibility of a consultant specializing in such problems. Dr Wells added, however, that he thought the new regulations would have a valuable deterrent effect.

Later, a spokesman for the National Council on Alcoholism here said it was felt that at the blood alcohol level of 0.20% (2½ times the legal maximum for driving) even first offenders should be considered for a total ban if circumstances suggested it.

NADC planning on 'tightest' budget

WASHINGTON — Plans for the August conference in Dallas of the National Alcohol and Drug Coalition (NADC) are proceeding as expected, according to chairman Edward Senay.

Dr Senay told *The Journal*: "We are going to work on the tightest budget possible. If there are major funding losses, in light of the present situation, then obviously we will have to take that into account."

"But at the present moment, our

attitude is one of hope and expectancy."

The National Institute on Drug Abuse (NIDA) is expected to give the coalition an answer by the end of May to a grant request of \$80,000.

Meanwhile, it is reported that the Reagan administration plans to put no restriction on how states will allocate funds for health and social service programs.

The draft legislation drawn up by the department of health and

human services would let every state choose to fund any — or none — of the programs. States would not have to agree to maintain any program at even a minimum level or be required to put up any matching funds.

In addition, there would be no requirement for any standard of quality.

As for the NADC, Dr Senay said: "We are quite hopeful we will have as successful a conference as 1980 in Washington, and we have put together an excellent program."



Senay: 'hope and expectancy.'

Mothers on marijuana

Babies showed subtle CNS shifts

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29.2) and having slightly less formal education and a lower family income. However, examination of the course of pregnancy and delivery for the 89 women did not expose the marijuana-using group. Nor did examination of neonate characteristics such as birth weight, head circumference, or neonate vigor (Apgar score) reveal any differences between babies who had been exposed to marijuana and those who hadn't.

However, when the Brazelton assessments were conducted, significant differences emerged on four of the variables.

Of the 11 babies of regular users, nine had abnormal responses to having a light shone on them. They either failed to respond at all to the light or, conversely, failed to show an ability to habituate. This failure

may be particularly noteworthy, Dr Fried told *The Journal*, since it suggests "subtle alterations in the nervous system."

Regular maternal use of marijuana was also significantly associated with poor self-quieting on the part of the baby. Controlling for the effects of alcohol and nicotine use, Dr Fried notes, did very little to reduce the strength of the association.

Marked tremors were significantly heightened among the marijuana-exposed babies, particularly those seven whose mothers had smoked more than five joints weekly in each trimester. Among these babies, in fact, 100% showed the exaggerated tremors which were, Dr Fried says, "the most consistent and visible consequence of regular heavy consumption of marijuana during pregnancy."

Startle reflexes were also exaggerated among the babies of regular users.

With both tremors and startles, Dr Fried notes, "the dose-response relationship to marijuana was clear and controlling for alcohol and nicotine did little to reduce its strength."

The tremors were observed in 33% of nonusers' babies, 38% of irregular users', 72% of regular users', and 100% of the infants of those regular users who had smoked more than five joints weekly.

The startles were observed in 14% of non-users', 23% of irregular users', 66% of regular users' babies and 73% of the babies whose mothers had smoked more than five joints weekly.

An incidental observation was that more than a third of the

babies of regular users had a distinct, shrill, high-pitched cry (*cri de chat*). It was not noted among the offspring of non-users. (The *cri de chat*, which has been noted among babies born to heroin and methadone addicts, is considered to be a symptom of drug withdrawal.)

Follow-up observations on infants from the various exposure groups have been made at nine and 30 days.

Preliminary observations indicate that reduced ability to get used to light continues to show up with regular users' babies. On the other hand, exaggerated tremors attenuate by 30 days.

Dr Fried points out that the small size of the sample available to date and the impossibility of introducing systematic controls are methodological problems which have to be kept in mind when interpreting the results.

"We are very concerned about making any statements that would imply that all marijuana smoking is bad," Dr Fried says. "I am fairly confident smoking before pregnancy, as long as the mother gives it up before becoming pregnant, does not seem to have a carryover effect."

"On the other hand, there is no doubt that with five joints or more per week there is a high level of effect with regard to tremors and startles and abnormalities with responsiveness to visual stimuli. The data indicate there is an effect on the nervous system."

The marijuana work is continuing in Ottawa. So far, approximately 50 marijuana-exposed infants have been enrolled and follow-ups until age three or four are planned.

Licensing reform recommended

Price control is secondary

(from page 1)

national embarrassment," the contention that there is a direct relationship between alcohol consumption and alcohol harm is a guess rather than a precise estimation.

This was not to say drink-related distress had not become a widespread problem in Britain and would not become even worse in the next decade. (The department of health and social security's Homelessness and Addictions Research Liaison Group had suggested that two million people in England and Wales, or one in 25 of the population, were now either directly or, through their families, disadvantaged or otherwise hurt by a drinking problem, while in Scotland and Northern Ireland the ratio was nearer one in 10.)

The OHE report argues price regulation should not be the primary preventive strategy.

"In the foreseeable future harm

reduction must be based either on primary prevention and/or improved treatment and assistance for those at risk from heavy drinking," it says.

"These range from the introduction of drink and driving controls like random breath testing, to school courses on how to drink with reduced risk, the imposition of stricter advertising provisions, AND raised price barriers to excessive alcohol use."

"All these measures may themselves have certain costs, but if used in combination in an intelligent and flexible manner these need not, it might be thought, be incurred at counter-productive levels."

The report goes on to say it does not intend to prescribe precise ways to remedy alcohol harm, but suggests further public discussion might focus on:

1) Establishment of a new

campaigning organization similar to the anti-smoking group ASH (Action on Smoking and Health) to highlight alcohol risks and to reduce its advertising;

2) Price regulation;

3) Some measure of licensing reform aimed at increasing consumer satisfaction, like flexible opening hours and the introduction of café pubs.

The report concludes such measures might help to change the social context of public drinking in a desirable manner. For some they could offset the political impact of all other harm-reducing regulations (like price increases) in that they would "demonstrate that the goal of public policy is to genuinely enhance consumer well-being not merely to 'kill joy'."

Bolivian cocaine

WASHINGTON — The Reagan administration may resume diplomatic relations with Bolivia despite evidence leaders of the military junta are involved in cocaine trafficking.

New research section recommended

Policy makers essential to alcohol control

By Pat Ohlendorf

TORONTO — It's time for Ontario's Addiction Research Foundation to shift its focus from educating the public about their private drinking habits to encouraging the provincial government to develop better alcohol control policies, concludes a foundation task force in a recently released 234-page report.

The lever for influencing government is hard scientific evidence that correlates the availability of alcohol with cir-

rhosis of the liver, alcoholism, drunken driving, and other alcohol-related problems.

"In the alcohol area we are quite prepared, based on 30 years of research that we have done and other people have done, to make some solid recommendations as to what actions government should take," Henry Schankula, ARF's director of educational resources and chairman of the task force, told *The Journal*.

Although *Alcohol: Public Education and Social Policy* is an internal document aimed at foun-

dation staff, the authors also consider it a source book for other organizations, as it contains detailed analyses of the mass media and how the provincial government works.

"This is a very timely report. There's an abundance of people today — large groups, small groups, and individuals — who are trying to develop prevention plans," Mr Schankula said.

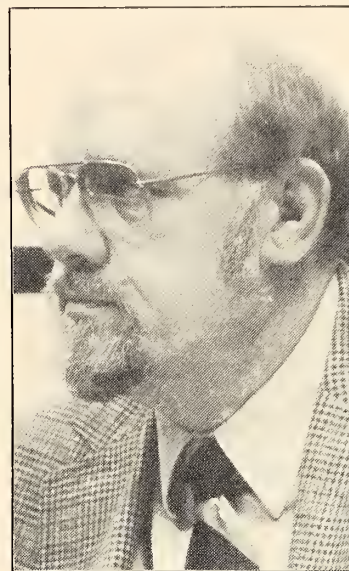
"This report represents a very fresh concept for organizations in the alcohol and drug field: viable educational tactics combined with social policy or regulatory tactics."

The report outlines a double-pronged approach for influencing government. One prong is to get at legislators and key civil servants directly, through a "network of contacts." This means first understanding how the legislative process in Ontario works, who the important figures are, how best to develop contact with them, and how the process changes with different issues.

The second prong is indirect influence through the media. The report states daily newspapers, particularly Toronto's *Globe and Mail*, are used by legislators and civil servants in forming their mental "agendas" of issues to be dealt with, and ARF should develop better contact with journalists.

TV and radio, on the other hand, are more influential in shifting public opinion, and could be used by the foundation to help the public understand and approve of the need for government regulations on alcohol, the report notes.

"No, we're not saying that the foundation should form a lobby," said Mr Schankula, "but that it should pursue a policy of advising government aggressively." The



Schankula: "We are prepared to make solid recommendations."

report calls for a more open, rather than a "turtle-like" posture on alcohol policy, he added.

As a case in point, the Ontario government is currently considering making beer and wine available in supermarkets, and is hearing briefs from small businesses arguing that this change will keep them afloat.

The foundation's responsibility in this issue, members of the task force told *The Journal*, should be to inform the government of the effects on public health that would likely result (greater consumption, increased alcohol-related problems).

Said ARF educational researcher Michael Goodstadt: "No matter what the change being considered, the perspective of legislators should always be, 'What impact will this have on the health of the people of Ontario?'"

For the foundation to become

more effective in influencing government, the report recommends a new research section be set up.

"Before intervening, one has to understand the process," David Bell, a political scientist at York University and a member of the task force, told *The Journal*.

"The foundation needs to develop research expertise on the policy process in the province. This group would monitor the decision-making process in order to advise advocates within the foundation how best to proceed."

"Advocacy" (the buzz word meaning "taking a stand on public issues," "making recommendations to government," etc) has always been a thorny topic at ARF. Some research scientists believe strongly the business of the foundation is to provide information, period, while others consider that policy recommendations follow naturally from scientific data.

It remains to be seen whether this document, couched in heady jargon ("formal educational settings," "interpersonal telephone communications," "methodological issues in influence attempts via persuasive communication"), will spark discussion within the foundation and affect its future course.

Further recommendations include that ARF:

- not engage in major mass media paid advertising;
- support other agencies in their mass media campaigns;
- discourage TV programmers from playing up alcohol in entertainment programs;
- disseminate easily understood material on the current "availability" concept of alcohol; and
- press for more radio and TV time for health education.

'Drinkingest day'

NEW YORK — St Patrick's Day has replaced New Year's Eve as the top day for public drunkenness here.

The situation has been growing worse over the past several years, according to the New York City affiliate of the National Council on Alcoholism. Both the New York affiliate and Terence Cardinal Cooke, the Roman Catholic Archbishop of New York, issued pleas for moderation in drinking on the Sunday before St Patrick's Day, apparently to little effect.

Allan Luks, executive director of the New York City affiliate said hundreds of youngsters were "spoiling a respected feast day by turning it into an excuse for an annual orgy of abusive drinking that spilled out into Manhattan streets as well as bars."

"The drinking has little to do with St Patrick's Day," he said,

although he noted St Patrick's Day is by far the worst example of public drunkenness in New York.

"It is instead the most public display of the widespread belief in America that no celebration of anything from a birth to a promotion to the completion of a business deal to a wedding or divorce or start of a holiday, is complete without drinking — often a lot of drinking."



It's addictions time for bureaucrat Bonzo

By Wayne Howell



Even as United States president Ronald Reagan's slashing budget cuts were being announced, the selection committee was working hard. Who would be the person to preside over the decimation of the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the gutting of the federal alcohol and drug bureaucracy?

Many names were proposed and discussed. But the choice became inevitable once the selection committee decided to follow the precedent set by US presidents in foreign affairs.

Traditionally, in foreign affairs, ambassadors to major nations are political appointees and a major nation can get a fairly good idea as to the esteem in which it is held by noting the degree of personal closeness between the political appointee and the president who appoints him. (India's ego swelled when it got Kennedy-confidant John Kenneth Galbraith; Great Britain thought great things were in store when Nixon sent his buddy Walter H. Annenberg.)

Likewise, said the selection committee, the new alcohol and drug adminis-

trator should reflect in a symbolic way the importance of the alcohol and drug constituency to the Reagan administration. Once this principle was agreed upon by the committee, the choice was unanimous: they all wanted Bonzo.

Bonzo. The loveable chimp who co-starred with Reagan in the 1953 classic "Bedtime for Bonzo." The sad little simian who had been drummed out of the screen actors' guild and put on the Hollywood blacklist because he didn't name names when he went before the House Un-American Activities Committee. The plucky little primate who, when he realized the disaster that had befallen him because he was unable to speak when commanded to by Senator McCarthy, had joined the UCLA (University of California, Los Angeles) psychology department as a common lab chimpanzee. The indefatigable monkey who, with the help of three devoted graduate students and hundreds of hours in the lab working with symbols and cards, had learned a vocabulary of 372 English words by the time of his co-star's inauguration. Bonzo!

Despite Bonzo's credentials, the president had reservations about Bonzo as a bureaucrat. But the selection committee was very high on Bonzo. Bonzo's prehensile toes would make him a superior paper shuffler. And when it came to nit-picking about resource allocation in the alcohol and drug field, who could argue that the little simian could not pick nits with the best of them?

It was true he did have some undesirable personal traits, as witnessed by his incessant scratching of armpit and groin,

but this was certainly counterbalanced by the fact he was an old acquaintance of the president, and in the US system, any such person appointed to high government office immediately commands respect.

This seemed to reassure the president, but he then began to worry about Congressional approval of the appointment. Might not Bonzo find the Congressional interrogation too much for him? What if they asked him to tell them what ADAMHA stood for? Would not such a question be anathema to an ape? Not to worry, said the selection committee. Had not the Senate Foreign Relations Committee confirmed the appointment of Reagan crony William P. Clark as Deputy Secretary of State by a vote of 10 to 4 even though Mr Clark couldn't tell the committee the name of the prime minister of South Africa or the name of the prime minister of Zimbabwe? The president's mind was eased.

However, he still had reservations about Bonzo's ability to administer the alcohol and drug bureaucracies with a vocabulary of only 372 English words. Not to worry, said the selection committee. General Haig seemed to be getting along as Secretary of State, yet he had never been heard to utter more than 327 intelligible English words in any statement he made; he filled in the remainder with bureaucratic baffle-gab. Bonzo could do the same thing with simian grunts and cries.

Still, the president hesitated. He wasn't worried about Bonzo's political philosophy: the eastern/liberal establishment press always described his own political philosophy as "neanderthal" and it was

highly unlikely that Bonzo — who hadn't even come down from the trees — would be to the left of the Reagan wing of the Republican party. It was Bonzo's personal life that worried the president.

He didn't want to pick up the morning paper and discover that Bonzo had been out spitting Amaretto and cream upon comely young things in Georgetown bars. Worse, he didn't want to pick up the telephone to hear that Bonzo had been apprehended for writing phony prescriptions for controlled drugs. "Bonzo," said the president, quoting Eisenhower's remark about Nixon, "has got to be cleaner than a hound's tooth."

The selection committee called up the chimp's FBI file. The only blot on Bonzo's copybook was an arrest in 1968: he had been picked up by the LA police on Sunset Boulevard and charged with smoking banana peel. This was at the height of the psychedelic drug craze and Bonzo had apparently been taken in by the false rumor that banana peels were psychoactive. Apart from that one indiscretion — an indiscretion understandable in one of the simian persuasion — the record was clean.

And so, the president decided for Bonzo. The symbolism was right: Bonzo's appointment would set the tone of his dealings with the alcohol and drug bureaucracy for the next four years, no doubt about that. And furthermore, no human being had ever been able to get the NIDA and NIAAA bureaucracies to come together and share facilities and integrate functions — so why not give a different sort of primate a go at it?

ARF/WHO MEETING

Cannabis needs more study



Reports
By
Pat
Ohlendorf

TORONTO — There are still more questions than answers about the long-term effects of marijuana on health, an international working group of physicians, psychiatrists, and medical scientists has concluded here.

Their report, the culmination of a week-long April meeting, will be the first by an international committee of experts on the subject of marijuana and health since 1971.

The theme of "more research is needed" dominated the meeting which was co-sponsored by the World Health Organization (WHO) and the Addiction Research Foundation (ARF).

"The meagre data we now possess are not sufficient for either good scientific predictions or health policy formulation," said Harvard University psychiatrist Jack Mendelson in his presentation on the effects of chronic cannabis use on the brain.

Stating the same idea more positively, ARF's Kevin Fehr, a co-organizer of the conference, said: "Our identification of knowledge gaps is every bit as important as our conclusions from the factual information we do have."

Dr Fehr said she hopes the report will convince funding agencies to give cannabis research higher priority.

Some areas singled out for further research were:

Epidemiological studies: Data on the extent and amount of cannabis use are insufficient, the group concluded, and the ill-defined term "heavy use" creates confusion.

"At the moment," said Sir William Paton of Oxford University, chairman of the conference, "ask-

ing what you mean by 'heavy use' is rather like asking 'How long is a piece of string?'"

Most studies consider one joint per day the baseline for heavy use, but the group's consensus was that some of the more severe health consequences are only likely to occur when 10 to 20 joints are smoked per day.

In addition, because of the varying potencies of cannabis preparations and different methods of using the drug throughout the world, the number of joints smoked is less indicative of exposure to THC (tetrahydrocannabinol, the psychoactive component in cannabis) than the amount of THC and cannabis breakdown products found in the blood shortly after smoking.

Practical test for cannabis impairment: "While the level of alcohol in the blood can be correlated quite reliably with the level of skills impairment," explained Dr Fehr, "it is difficult to devise

culties with the insurance companies or because cannabis use is not considered relevant to medical problems.

Said Montreal psychiatrist Juan Carlos Negrete, who reviewed psychiatric effects of cannabis for the group:

"We need to know, for example, whether cannabis influences independently occurring mental illness — schizophrenia, depression, neurosis — and we need to know whether it interferes with the psychopharmacological agents we prescribe."

Dr Negrete pointed to the results of a recent United States study, the only one of its kind, to underscore his point: the concomitant use of marijuana and lithium, a common therapeutic drug, increased the levels of lithium in patients' bloodstreams.

Identifying possible risk groups: Psychiatric patients are only one group for whom cannabis may represent a risk. The scientists

short-acting drug like nicotine, caffeine, or even alcohol, but certainly not a long-acting drug like cannabis, with its metabolites that stay around for nine days in a developing brain."

In the past decade, cannabis research has shifted from the drug's psychological effects to its possible physical effects. In addition to recommending areas for further research, the WHO-ARF report will summarize recent findings.

Cancer: The role of cannabis in lung and breast cancer has been studied *in vitro* and, less frequently, in human patients. Dr Cecile Leuchtenberger of Switzerland, reviewing research on cannabis smoke and cellular biochemistry, said: "Smoking marijuana cigarettes might even be a greater human health hazard than smoking tobacco cigarettes."

She also suggested those who smoke both marijuana and tobacco are at particular risk for lung cancer.

The group recommended this area be researched more intensively, particularly through epidemiological studies in countries where there is widespread traditional use of cannabis.

Immunology: Especially since the serendipitous discovery that smoking a joint lessens nausea associated with cancer chemotherapy, the effects of cannabis on the body's immune system have been actively studied. But, if THC is an effective immunosuppressant, the group concluded, this is a mixed blessing, for common infections may be more severe and lengthy among marijuana users.

In addition, although it makes chemotherapy more tolerable, THC may at the same time be weakening the body's natural defences against cancer. Again, clinical epidemiological studies were recommended.

Endocrinology: Animal research on marijuana and the endocrine



'We need to know more... agree Paton (above) Fehr, Kalant (right).



system has shown that heavy doses of cannabis temporarily decrease the production of testosterone (the male hormone), decrease sperm count, and increase the number of abnormal sperm. Although some clinical studies corroborate these findings in humans, there is no evidence male fertility is affected.

Physical dependence: The work of Dr Reese Jones of California, another participant, indicates that, contrary to long-standing popular opinion, chronic marijuana use can lead to physical dependence. Although the difficulty in differentiating between physical and psychological dependence was hotly debated during the conference, the participants concluded physical dependence cannot be ruled out, and more research is needed.

"The purpose of this meeting was to concentrate on what we know and what we don't know about the actions of cannabis with respect to health, and then to turn that information over to whoever will have to use it sensibly in the course of making policy decisions," said Dr Harold Kalant, ARF's director of bio-behavioral research and one of the organizers of the conference.

Although there were differing private opinions among the experts as to whether cannabis should be legalized, political statements were scrupulously avoided during the sessions and in the draft report.

The result, the convenors said, will be an objective update on scientific knowledge relating to cannabis and health and an outline of future research priorities.

"Health is only one of several elements that must be taken into account in achieving a rational social policy," said Robert C. Petersen, assistant director of the US National Institute on Drug Abuse (NIDA), and an official observer at the meeting.

"Social policy is also a question of public morality, of law, of economics. What is acceptable politically may only have a partial relationship to health implications," Dr Petersen said.

Twenty-four scientists from 10 countries participated in the meeting.

Their report, *The Adverse Consequences of Cannabis on Health and Behavior*, will be presented to the United Nations by WHO this summer, and is expected to have some impact because of the calibre of the participants and the comprehensiveness of their inquiry.

It is aimed at UN groups, national governments, and individuals concerned with cannabis policy. A collection of conference papers will follow later in the year.

Experts participating in the conference came from Canada, the United States, Switzerland, India, England, Egypt, Greece, Nigeria, Thailand, and Austria.



Tennant, Reese Jones, Petersen: 'Nobody is recommending this drug for adolescents... this gets lost.'

something similar to the breath analyzer test for cannabis. The presence of urinary metabolites will only tell you that the person has smoked a joint within the past week or so. It will not tell you whether driving, for example, will be affected." More research aimed at designing operational tests was recommended.

Systematic reporting of patients' marijuana habits: Medical personnel rarely record this information or even ask about it, the group's draft report states, either because there may be diffi-

culty called for further study of marijuana use among the elderly (who may be receiving THC cancer therapy), asthmatics, epileptics, diabetics, and, last but not least, adolescents.

Dr Forest Tennant, who reviewed clinical toxicology for the group, said: "One of the things that keeps getting lost in discussions, meetings, and reports on cannabis is that nobody is recommending this drug for adolescents."

"If teenagers are going to use something once in a while, I would much prefer they use a very

Still at 'panic stage'

Latin Am response to pot is 'harsh'

TORONTO — Marijuana use in Latin America today is similar to use in Canada and the United States during the 1960s. But government response is much harsher, Juan Carlos Negrete, McGill University psychiatrist and consultant in mental health and substance abuse for the Pan American Health Organization, told *The Journal*.

"Right across the board, the penalties for possession are much more repressive than in North America or in Europe," said Dr



Negrete: 'a very severe social punishment.'

Negrete, whose role as consultant affords him a broad view of the drug and alcohol scene in Latin America.

"Possession is usually an indictable offence. There are very rapid trials, followed by prison sentences of several years. It's a very severe social punishment," he said. If offenders are sent to mental institutions instead, they are grateful, he added.

Use is concentrated in cities in Latin America and is not yet as widespread among the population as in Canada and the US, said Dr Negrete, a native of Argentina.

"It generally occurs among those who are more deviant, socially or psychologically. Regular users tend to be the drop-outs, those young people who are having difficulties. Here in Canada you don't see that type of use so much anymore. Marijuana has spread beyond selected minorities."

In some of the larger port cities, however, marijuana use is now beginning to filter through the larger society "because of more intensive contact with the international scene," he said.

But marijuana is by no means Latin America's most popular

drug, said Dr Negrete. Although it is still used traditionally in some parts of the Andes, more often home-brewed alcohol, tobacco, coca leaf, and indigenous hallucinogens are used instead.

"There's a concoction called 'ayahuasca,' which hasn't reached North America yet," said Dr Negrete. "It's a vine that grows in the Amazon Basin and when made into a tea produces a very active psychodysleptic agent, harmine, that is similar to LSD or mescaline." The vomiting and diarrhea associated with the substance are considered curative, and are accepted as a normal part of the intoxication, he explained.

Meanwhile, in the cities, alcohol and even pharmaceuticals are more popular than cannabis.

"Tranquillizers, hypnotics, amphetamines and inhalants, are very common," said Dr Negrete. "These, which also originate from the '60s, are perhaps even more widespread in Latin America than they are here."

The answer to the repressive penalties for marijuana possession in Latin America, Dr Negrete believes, is time. "I think it will follow the same course it did here in

North America. With time it may loosen up a bit. Governments, health authorities, and the general population need factual, scientific information in order to react appropriately."

Latin America is still very much at the panic stage of social response toward marijuana, he said.

Although Dr Negrete spends half his time in South America, he says he has no impact on policies regarding cannabis offenders.

"I am perceived as a consultant in the area of health, and health and justice are quite separate departments."

"This is true in most countries. I doubt that the Canadian legal regulations in respect to marijuana will change solely on the basis of health concerns."

Dr Negrete talked with *The Journal* during the recent WHO-ARF cannabis conference.

More next month

NEWS AND COMMENT

Students try costly new twist on chug-a-lug fad

BOWLING GREEN, OH — In the 1920s it was goldfish. In the 1980s it's quarters. That's what college kids are swallowing these days, accidentally, as they engage in the latest drinking fad to hit midwestern college campuses. And it is causing headaches for emergency services.

The game is played at parties where players take turns at bouncing quarters off the table into a mug of beer. A direct hit entitles the player to "chug-a-lug"

the beer. And that's where the trouble begins, when something more than beer slips down the throat.

In recent weeks, three Bowling Green State University students have been admitted to Wood County Hospital in Bowling Green after they swallowed the quarters while chugging the beer.

Roger Sanchez, emergency room director at the hospital, said one of the students underwent surgery to remove a quarter that

had lodged in his esophagus. The other two students, who were ad-



From goldfish to quarters . . .

mitted for observation, coughed up the coins.

Cautious players scoop the quarter out of the glass before downing the beer. Experienced players brag that they can catch the quarter in their teeth, a practice that worries Dr Sanchez.

If a person is concentrating on catching the quarter, he stands a good chance of choking on the beer instead of swallowing it, he said in an issue of *Emergency Department News*.

The real emergency arises when the coin lodges in the trachea and occludes normal airflow. But in most cases experienced so far the coin was either swallowed or was caught in the esophagus and later regurgitated.

Dr Sanchez said that sometimes the quarter will pass through the body without any problems. He said he has no way of estimating how many students swallow quarters without having to see a physician.



GILBERT

'... a veritable orgy of theorizing ...'

Forty-three theories of drug abuse

By Richard Gilbert

'Theorizing' comes from Theoria, a word of Orphic origin, meaning a state of fervent contemplation and participation in the sacred rites.

Arthur Koestler, 1964

All their theory and contemplation (which they count Science) represents nothing but waking men's dreams and sick men's phrensies.

William Harvey, 1653

Men who believe too firmly in their theories, do not believe enough in the theories of others.

Claude Bernard, 1865

It is a capital mistake to theorize before one has data.

Sherlock Holmes, 1888

Theories are fun.

B. F. Skinner, 1961

In my last two columns, I argued that the current controversy over the legalization of marijuana could justify renewed interest in Scylla and Charybdis, a pair of monsters in Greek mythology. Not long after S & C were at their fearsome worst, mucking things up for the Argonauts as they fought northwards through the Straits of Messina, historic things began happening at nearby Crotone, on Italy's sole.

The stimulus was the arrival of the Samian philosopher Pythagoras, who set about founding a new religion. Its main tenets, according to Bertrand Russell, "were the transmigration of souls and the sinfulness of eating beans."

From Orgy to Theory

Pythagoras' is best known as the discoverer of a proposition about right-angled triangles. He has a more important place in the history of science as the thinker who gave theorizing a good name.

The Pythagoreans, wrote Arthur Koestler, "transformed the Orphic mystery cult into a religion which considered mathematical and astronomical studies as the main forms of divine worship and prayer. The physical intoxication which had accompanied the Bacchic rites was superseded by the mental intoxication derived from *philo-sophia*, the love of knowledge."

What the Pythagoreans did, in short, was to take out 'orgy' as the central feature of worship and replace it with 'theory.' It wasn't quite the theorizing we are used to. The epigraphic quotes from the works of Koestler, Harvey, and Bernard make the transition clear. Over the centuries, theorizing became an act

of science rather than an act of worship.

The Value of Theories

The importance of theory-making to science remains in dispute. Scientists who eschew theory, such as Skinner, focus on data. They argue, with Sherlock Holmes, that theories get in the way of good data. But a mere accumulation of data can be meaningless. A good theory synthesizes known data to provide some understanding of a group of phenomena, and ways of proceeding toward further knowledge. A theory doesn't have to be right to be useful. It can be essentially unprovable, as is the Theory of Evolution, or patently incomplete in its description of reality, as is Quantum Theory.

Good theory-making can be an important early stage in the development of a scientific discipline. As knowledge grows, theories are discarded and displaced, by revolution and by attrition, and a consensus emerges as to the best way to organize understanding.

An Aging Domain

Which brings me to Dan J. Lettieri, who, assisted by two colleagues, has compiled a veritable orgy of theorizing about drug abuse. His extravagance is Monograph No. 30 of the United States National Institute on Drug Abuse, entitled *Theories on Drug Abuse: Selected Contemporary Perspectives*.

Dr Lettieri contends in his preface that "one of the early indications that a social problem research domain has come of age is the quantity and quality of the theoretical explanations for it." He proceeds to illustrate the maturity by presenting "a representative selection of contemporary theoretical orientations and perspectives in the drug abuse research field." This selection appears in the first part of the book. It consists of "43 separate theoretical overviews, one for each of the theories or perspectives," written by the theorists themselves.

The theories are (to use the short names assigned by the editors): Achievement-Anxiety, Adaptational, Addiction-to-Pleasure, Addictive Experiences, Availability and Proneness, Bad-Habit, Bioanthropological, Biological Rhythm, Cognitive Control, Combination-of-Effects, Conditioning, Coping, Cyclical Process, Defense-Structure, Developmental Stages, Disruptive Environment, Drug Subcultures, Ego/Self, Existential, Family, General Addiction, Genetic, Hyperactive Adolescents, Incomplete Mourning, Interactive, Learned Behavior, Life-Theme, Metabolic Deficiency, Multiple Models, Natural History, Neuropharmacologic, Opiate Receptor, Perceived Effects,

Personality-Deficiency, Problem Behavior, Role, Self-Derogation, Self-Esteem, Social Control, Social Deviance, Social Influence, Social Neurobiological, Sociological. Some of the full names are quite long. For example, the chapter that describes Social Neurobiological Theory is entitled "Somatosensory Affectational Deprivation (SAD) Theory of Drug and Alcohol Use."

Explanatory Powers

Dr Lettieri and his colleagues carefully dissect each theory in the second part of their volume. They do this according to their definition of a theory of drug use or abuse: "We viewed a theory as something which addressed at least several of the following topics: (1) why people begin taking drugs, (2) why people maintain their drug-taking behaviors, (3) how or why drug-taking behavior escalates to abuse, (4) why or how people stop taking drugs, and (5) what accounts for the restarting of the drug-taking behavior or cycle once stopped."

Tireless readers of the book will discover that only 21 of the theories address all five topics. Another 11 address three or four topics, four deal with just one or two, and seven theories address none of the five topics. What can these seven theories be about, you might ask? Reading the individual descriptions of the theories doesn't necessarily help. As you wade through the chapter on Problem Behavior Theory, for example, you come across sentences like this: "The theoretical concern of the variables in the personal belief structure is with cognitive controls of a more general nature that are exerted against the occurrence of problem behavior." You might very well give up. I did.

Problem Behavior Theory, notwithstanding its apparent inability to illuminate even one of the five important aspects of drug abuse, is said by the editor to apply to all drugs as they are used by youths, adolescents, and adults of both sexes and all ethnic backgrounds.

Another 31 of the theories are described as having application to at least as many different kinds of people. Seven apply only to youths, but of any race or sex. Two more apply only to American youths, and one of these applies only to males. The remaining two apply to males of any race, but one of these concerns young males only and the other deals just with adults.

A Typical Theory

The 43 theories are categorized according to their "primary disciplinary foci." Various kinds of psychology top the disciplines' list, with 26 of the theories having this kind of focus.

The basic organization of the first part of the volume is according to the relationships accounted for by the various theories. The first 12 chapters are grouped under the heading "Theories on one's relationship to self." Then we have a section headed "Theories on one's relationship to others." It includes descriptions of 15 theories. "Society" and "nature" substitute for "self" and "others" in the remaining two sections, each of which comprises chapters on eight theories.

Putting this all together, you get a misty image of a typical theory of drug abuse. It is formulated by a psychologist, or perhaps two, possesses an intriguing title, applies to all humans and all drugs, and explains all phases of abuse — from initiation to cessation and relapse — in terms of "one's relationship to others." The theory coming closest to this composite view is that of Stanton Peele, known as the "Social-Psychological-Pharmacological Theory of Addiction" or, in the above list, "Addictive Experiences Theory." The key concepts in Peele's theory are "the experience that an individual derives from a drug and the way in which this experience fits into the entirety of his or her life."

Infant Babbling

The theory is giving way to the model, a term of much more prosaic ancestry. "Do we need more models of addiction?" was the title of a recent editorial in the *British Journal of Addiction*. Its author, Ray Hodgson, argued that we do: "... we need lots of them so that the good ones will survive and the useless ones will fade away." Hodgson maintained we have particular need for his Compulsion Model, which treats addictions if it were an obsessive-compulsive disorder such as the excessive hand-washing syndrome. The Compulsion Model, I should add, is quite different from the Bad-Habit Theory, and bears no resemblance whatsoever to the Learned Behavior Theory.

Is all this apparently random explanatory activity a sign that the study of addiction has come of age, as Lettieri would have us believe, or is it more akin to the infant babbling from which a child's talk is shaped by a demanding environment?

I am with Sherlock Holmes on this one. Our data on drug abuse are woefully poor, and a preoccupation with explanation as a substitute for observation does little but impede our understanding. Pythagoras has a lot to answer for. He should have stayed with the beans.

Next month: The facts on alcohol.

NEWS

Families key to children's drug use

SAINT JOHN, NB — Canada is a nation of confirmed drug takers and seems likely to remain so into the foreseeable future.

But family therapy can result in clearcut prevention of future problems in children.

This diagnosis and possible remedy were provided by New Brunswick Alcohol and Drug Dependency Commission (ADDC)

'We've created enormous interest in taking drugs . . .'

Chairman Everett L. Chalmers for educators at a "continuity" session at Ridgewood Treatment and Rehabilitation Centre.

Dr Chalmers said the link between family breakdown and drug use and abuse has long been recognized, and a background of family discord makes peer-group pressure more likely to succeed.

Schools alone cannot halt social trends

"It is well known today that peer pressure outweighs all other factors as the single greatest contributor to illicit drug use," he said.

He warned that the portrayal of drugs as devils, "having mystical powers over mind and matter" in the schools, churches, home, and mass media, has been counterproductive.

"We have actually created an enormous interest in drug-taking by emphasizing the mind-altering powers of drugs," he said. This kind of information leads to experimentation and use rather than abstinence.

With ADDC input, the department of education is trying to reverse the trend by introducing

the total health concept into the schools.

Dr Chalmers said involvement of parents, family, and community in an educational rather than a fear approach is the aim.

Schools cannot, by themselves, arrest or change social trends toward drug involvement by the young. Schools can teach children facts and how to reason. "But

'If all a parent has to offer is standard myths . . .'

personal values, self concepts, love, confidence, and responsibility are strongly shaped by the home environment."

A parent who expects his child to resist peer pressure to use or abuse drugs must examine his own attitudes and habits, and must have rational knowledge about drugs.

"If all a parent has to offer . . . is the standard myths about drugs, his influence is not likely to be very great. Total permissiveness is not likely to be very helpful . . . There must be more and better communication, understanding, love, and togetherness if family therapy is going to work," Dr Chalmers said.

He suggested probably the most constant and intensive drug abuse prevention and education program is in the daily lives of the family

and more studies should be directed to family life.

"The time has come for us to learn more about how the family prevents most children from developing drug abuse problems . . . By more knowledge and better family techniques we can develop a family counselling program or system that will support, develop,

'Are we breeding disrespect for the law . . .?'

and promote healthy, constructive, and coping behaviors in family life."

He said there is need to remember that there are two kinds of social costs arising from alcohol and drug abuse. One is the damage done to society and individuals by the drugs themselves; the other is the potentially much greater damage resulting from repressive drug laws or ill-advised practices.

"We need to consider whether as yet undetermined harm done to marijuana users justifies a policy of total prohibition of the drug, a policy that has marked millions of youthful offenders as 'criminals' for life and has brought grief to thousands of otherwise law-abiding families.

"We and the government must ask ourselves whether marijuana is such a menace to our society that prohibiting it is worth breeding disrespect for the law," Dr Chalmers said.

He said it was important to make careful distinctions based on sound research and medical knowledge of the effects of specific drugs on the mental and physical health of individuals.

Tests have been 'encouraged'

Few Cdn cancer units trying THC

By Rhonda Birenbaum

OTTAWA — Few Canadian researchers have applied to the government for supplies of THC, the psychoactive ingredient in marijuana, since it was made available for testing last summer.

Only about 12 groups across Canada have approached the Bureau of Drugs here, which dispenses THC (tetrahydrocannabinol) since testing restrictions on it were removed, Thomas Da

Silva, chief of the central nervous system division of the Bureau, told **The Journal**.

THC is purported to counteract the nausea and vomiting associated with anti-cancer chemotherapy.

"We've actually encouraged anybody that contacted us to develop a protocol for testing," said Dr Da Silva. "And we promised that any worthy protocol would be approved. But very few Canadian clinics are showing interest."

Of the research groups who have requested THC for clinical testing, Dr Da Silva could remember only Women's College Hospital, Toronto, and the Royal Victoria Hospital, Montreal.

He pointed out, however, the list of requests for the drug amounts to about nine hospitals, researchers in a University of British Columbia study, another group under the direction of Dr Martin Levitt in Winnipeg, and a team at McMaster University, Hamilton (**The Journal**, Aug 1980).

THC was made more easily available by a change in the obligatory research protocol. It is no longer necessary for a research group to be conducting a rigid empirical study in order to obtain it, Dr Da Silva explained. Cancer or chemotherapy clinics can now receive THC for use in controlled clinical trials. (This parallels a similar move in the United States.)

"We will allow it (THC) under minimal controlled conditions which involve administration to a patient in a blind cross-over with phenothiazine, the standard anti-emetic (anti-nausea agent)," he said. "Then, depending on which drug is effective, the patient would remain on that one for the remainder of the chemotherapy treatments."

Under this specific protocol, Dr Da Silva expects the research to determine how many patients respond to THC. "There's no doubt THC is an active drug. What remains to be seen is how helpful it will be overall."

The efficacy of THC as an anti-emetic is still unproved.

Infarct patients should quit

WASHINGTON — A marked difference in survival among myocardial infarction patients between those who gave up smoking and those who continued has been found in a 10-year Swedish study.

The Study by Claes Wilhelmsson at Ostra Hospital, Goteberg, fol-

lowed for a maximum of 10.5 years 1,303 men who were below the age of 67 and 1,020 of whom were smokers when they had their first myocardial infarction. They were seen regularly at a special clinic.

Dr Wilhelmsson, in a report to the annual cardiovascular disease epidemiology conference here of the American Heart Association, said all of the patients were advised to stop smoking. Among the men who were smokers, 542 stopped after their first attack and 439 continued to smoke.

He said the cumulative survival rate was 83% after five years and 74% after eight years in the men who stopped smoking.

The cumulative survival rate was 76% after five years and 55% after eight years among the men who continued to smoke after their first attack.

Fatal

In addition, Dr Wilhelmsson said, the cumulative frequency of repeated infarctions which were not fatal was 21% after five years and 25% after eight years in the group who stopped smoking.

The cumulative frequency of non-fatal recurrences was 30% after five years and 36% after eight years among the men who continued to smoke.

Dr Wilhelmsson said further analysis showed that in patients who were below the age of 50, those who stopped smoking had a cumulative survival rate of 88% after five years and 86% after

eight years, compared with 82% and 63% over the same period for those who continued to smoke.

Prognosis

He said the study in Sweden shows a reversion of the expected prognosis following a myocardial infarction due to a change in smoking habits.

Euphoric therapy?

MONTREAL — The drugs Antabuse (disulfiram) and Temposil (calcium carbimide), normally used to prevent alcoholics from drinking, can actually make users euphoric, says Zavier W. Brown, PhD.

Dr Brown, senior research associate at the Center for Drug Research on Drug Dependence, Xavier University, Montreal, told **The Journal** he became suspicious of the effect of the drugs when he found that some patients taking Temposil appeared drunk.

DC judge keeps patient secrets

WASHINGTON — A District of Columbia judge has ruled a city health official can keep secret from city police the identities of 264 people attending a methadone clinic, even though some may be able to help a murder investigation.

"When we finally got the story out of them, what they were doing was drinking very small amounts of low-concentration alcohol — they were drinking something like apple cider — and were getting thoroughly bombed on it," Dr Brown said.

"Normally these drugs are used to prevent drinking by causing an aversive reaction, since acetaldehyde is mildly toxic to bodily tissues. But when an individual drinks alcohol in only very small amounts he doesn't build up the high toxic levels of acetaldehyde but very moderate levels, which are euphoric," he explained.

"Conceivably, because of the inhibition of acetaldehyde oxidation by Antabuse, sufficient acetaldehyde may have been accumulated to exert positive pharmacologic effects without evoking any aversive peripheral consequences."

Kids reject stereotype

CLEVELAND, OH — Adolescents not only drink more than they used to, they drink more often, Gregory B. Collins told a pediatrics conference here.

This problem is particularly great in United States cities close to Canada's borders — in the northeast and Great Lakes regions, said Dr Collins of the department of psychiatry at the Cleveland Clinic.

Industrial cities such as Detroit, for example, have an unusually high incidence of adolescent drinking, he said.

Unfortunately, the problem is difficult to treat: young people don't see themselves as alcoholics, whom they regard as being "derelicts" and older.

He said adolescents don't relate easily to the older membership and religious orientation of Alcoholics Anonymous groups or to prevention programs emphasizing the physical signs of alcohol addiction and withdrawal, as they usually do not manifest the traditional signs.

He said adolescents most likely to use alcohol heavily are those whose parents either drink a great deal and control them loosely, or who condemn use of alcohol in a rigid fashion.

In general, he said, teenagers who do not get along well with their parents and are in a state of "problem-proneness" are the ones most likely to drink.

Drug labels held in ice

WASHINGTON — Attempts by United States President Ronald Reagan's administration to scuttle mandatory patient information warning leaflets in drugs such as Darvon and Valium have been challenged in US court by three consumer health groups.

The program was to have started on July 1 for Darvon and two other drugs, and later for Valium.

President Reagan, however, has frozen all government regulations pending re-evaluation. And the department of health and human services has told pharmaceutical companies they do not now have to meet the package insert requirements.

The inserts would have been the culmination of years of agitation by critics of drug abuse who have called for warning pamphlets for patients.

Darvon has been implicated in a number of overdose deaths; and the insert for Valium would have warned patients they could become addicted.

Heroin fuels hot debate in N. Europe

Compulsory treatment for addicts on agenda

By Thomas Land

GENEVA — Northern Europe is cautiously considering legislative measures to prescribe compulsory treatment for drug addicts.

Both the law makers and the law enforcement authorities supporting such a move admit their societies have been collectively defeated by the flexible and well organized drug syndicates. Less than a decade ago Europeans dismissed drug addiction as a peculiarly North American problem. Now they assess their losses in terms of per capita drug deaths, higher here than in North America.

Sweden, the first country in the region likely to compel addicts to undergo treatment, registered 150 proven drug deaths last year in a population of 8.5 million. Its ministry of health puts the number of hard drug addicts at 10,000 to 14,000, mostly young people.

Its legislative proposals, which include a considerable widening of police powers to investigate pri-

vate personal and business affairs, are soon to be placed before the parliamentary assembly.

The government proposals are accompanied by investment in treatment resources.

Sweden's neighbors will follow the debate with eager interest. The whole of the Nordic Council has hitherto moved in concert against the drug syndicates by investing heavily in crop substitution schemes in the Golden Triangle region of Southeast Asia (Thailand, Burma, Laos), hoping to eliminate the illicit drug supply at source.

Further afield, the mayors of Rotterdam, the Hague, and Utrecht recently provoked public outcry by calling for laws to provide for the compulsory treatment of drug addicts. They argued that otherwise Holland could not cope with the widening European heroin epidemic.

Per capita drug deaths higher than in North America

Opponents of the legislative approach argue fiercely that the consequent violation of personal liberties would be too high a price to pay for treatment, and that compulsory medical care cannot be expected to produce long-term results.

Northern Europe's collective stance against the drug syndicates

follows an innovation in 1977 when Norway released development aid funds for the first time in an effort to persuade opium poppy growers in the Golden Triangle to switch to food crops. Many Western countries, including Canada, have joined the Nordic initiative. Its initial success was assured by a prolonged drought in the area, which ruined several harvests (*The Journal*, March).

Meanwhile, unrelated political events in the Middle East have enabled the Mafia to flood the lucrative, illicit European markets with heroin from Iran, Afghanistan, and Pakistan. But the rains have now returned to the Golden Triangle promising another bumper harvest; and, on top of a vastly increased local drug addiction problem, Europe now fears an eruption of gangland warfare between the Mafia and the rival Oriental suppliers.

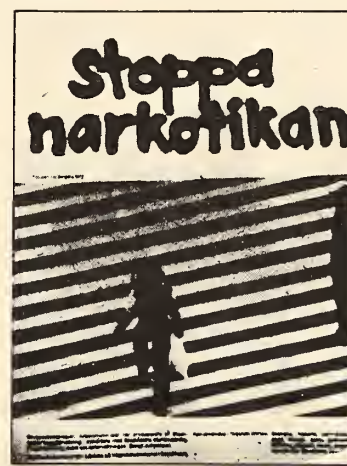
The United Nations Commission on Narcotic Drugs recently concluded a session in Vienna calling for a new approach to tackle Europe's heroin disaster. Interpol in Paris deploys nearly half its resources coordinating the recently strengthened national law enforcement authorities against the heroin syndicates. But senior policemen in most of the affected capitals admit their defences are in ruins.

Sweden's legislative proposals, widely expected to be passed into law by next year, would double

prison sentences for drug dealing. They would empower the police to tap telephones, deploy concealed microphones, and investigate private financial transactions of suspected drug dealers without the need for special permission from the courts.

One of the most controversial components of the proposed legislative package would provide for the treatment of addicts, if necessary against their will, for an initial period of two months subject to extension.

Such treatment would be prescribed to interrupt drug dependence in cases where it might endanger the patient's mental or physical health.



Sweden may be first to compel addicts to undergo treatment.

Popular pill lets people confound lie detector

NEW YORK — Meprobamate, a widely used tranquillizer, enables people to "pass" polygraph (lie-detector) tests, according to scientists at the Institute of Pennsylvania Hospital and the University of Pennsylvania.

Volunteers given just one 400-milligram dose of the tranquillizer, which is sold under several brand names, including Miltown, could tell lies and go undetected by the polygraph machine and those administering it, a study by the scientists said.

Authors of the study were William M. Waid, Emily Carota Orne, Martin T. Orne, and Mary R. Cook. They said they were interested in the detection of deception as a practical problem and as a model for the study of social issues.

"One question that is important for both purposes is whether a tranquillizer selectively reduces the physiological response to social stress — in this instance, the stress of attempting to deceive," they were quoted as saying in the *New York Times*.

In the study, 44 male college student volunteers 18 to 24 years old were instructed to memorize six words. Thirty-three of the volunteers were grouped as "guilty" and instructed to lie during polygraph testing on the six words.

The other 11, grouped as "innocent," were told to tell the truth.

The "guilty" volunteers were further divided into three groups. One took the tranquillizer, another group took a sham pill, and the third nothing. The first two groups were both told they were receiving a tranquillizer.

The majority of "guilty" volunteers given sham pills or no pills were identified as guilty by polygraph testing, but most who had been given the tranquillizers were identified incorrectly as innocent.

The scientists' report said these men did not elude the verdict of polygraph testing because their reactions were suppressed by the tranquillizer but because the tranquillizers selectively reduced physiological responses.

Polygraph instruments, used in police investigations and personnel screening, measure such physical reactions as electrical conductivity of the skin, heart rate, and changes in breathing.

Experts who support the veracity of polygraph testing claim a person who is tested is under more stress when trying to deceive than when telling the truth. This claim has been disputed by polygraph opponents who say habitual liars may be able to escape detection and that the innocent person might be overreacting to stressful questions and thus falsely appear guilty.

The scientists made a further qualification: "It is possible that meprobamate is effective in the experimental laboratory but would be ineffective in the lie-detector laboratory where fear of detection is presumably greater.

"It should be noted, however, that 400-mg doses of meprobamate are effective in reducing the anxiety of psychiatric patients."

Only points of sale would escape

UK may put total ban on tobacco ads

By Alan Massam

LONDON — The possibility of a total ban on all but point-of-sale advertising for tobacco products in the United Kingdom is still "on the cards" for the current session of parliament.

This has been made clear by the undersecretary of state for health, Sir George Young. Sir George, an active anti-smoking campaigner prior to taking office, said at a private meeting that if the issue was given a free vote in the House of Commons, two health department ministers would vote for such a ban.

"I feel that if this happened there would be strong following in support and the measure would be passed," he told *The Journal*.

Sir George was speaking after addressing the Conservative Medical Society in London. He told the society that doctors, nurses, "and all those who care about health" should be very pleased that the chancellor of the ex-

chequer, Sir Geoffrey Howe, had placed substantial increases on tobacco taxation in the recent budget.

"One of our new health warnings is 'Smoking May Cost You More than Money,' and I think the budget increase will make that sentence particularly relevant to smokers," Sir George said.

"I am delighted that the increase of tobacco taxation was approved by a majority of 100 in the House, the largest majority on the budget resolutions."

The minister said he never ceased to be amazed by the public becoming hysterical about threats to life which were so slight as to be

almost fanciful, yet regularly ignoring real killers. In Britain the chance of dying from radiation was about one in about 16 million although there were campaigns all over the world against the generation of nuclear power. Where were the mass demonstrations against smoking which accounted for 50,000 premature deaths in the UK every year?

"For much of 1980 I was negotiating a new voluntary agreement with the tobacco industry," Sir George said. "The press have been quite wrong to portray such negotiation as taking place in an atmosphere of mistrust and ill humor.

Non-pro aid 'particularly useful'

WELLINGTON, NZ — Non-professional "alcoholism counsellors" proved particularly useful in a non-medical detoxification unit operated by the new state alcoholism treatment service in Queensland, Australia.

Keith Evans, who described the development of the new service model to the summer school of the New Zealand National Society on Alcohol and Drug Dependence, said the non-professionals came into their own in the role of patient's friend or helper.

Those counsellors who were recovering alcoholics, in particular, could quickly create a non-threatening atmosphere, size up potential violence, and "nip it in the bud," Mr Evans said.

In contrast, nurse therapists initially tended to heighten anxiety and often provoked violent episodes requiring police intervention.

Once it was decided initial assessment was best left to the counsellors (who were then given responsibility for training nurses in this skill), two things happened — a 90% reduction in violent episodes and a significant reduction in use of sedation.

Mr Evans, now program adviser with the Alcoholic Liquor Advisory Council of New Zealand, said it was a daunting prospect in 1976 to conceptualize a comprehensive service for fast-developing Queensland, a state covering 1.7 million square kilometres — as large as Western Europe.

Even if professionally qualified staff were available, there was not enough money to hire them.

Initially, 50 counsellors and 50 nurse therapists were appointed for a two-year training/working period of 300 hours of tuition plus 900 hours of practical case work.

"The representatives of the Tobacco Advisory Council and the health ministers are perfectly well able to conduct negotiations responsibly, even though we do have different points of interest.

"However, there are limits to what a voluntary agreement can secure. Health ministers are anxious to see fewer cigarettes sold while tobacco manufacturers are anxious to sell more. Even the phenomenal capacity of the British to secure a compromise can be tested by these requirements and I honestly think we are approaching the limit of what can be secured by voluntary agreement in this field."

Mr Evans said the two groups showed clearly they could work together ("We discovered that where there is a will to get on well then people do get on well.") Sadly, it was also discovered that even some "better so-called professional and non-professional staff" felt threatened by this caring co-existence.



Cruel 40

RICHMOND, VA — A United States circuit court of appeal has upheld a lower federal court ruling that a 40-year sentence given a Virginia man on marijuana charges is "cruel and unusual punishment."

Wythe Davis was arrested seven years ago with nine ounces of marijuana and charged with possession and intent to distribute. He has been free on bond for a number of years pending appeal by the American civil liberties union.

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Editor... Letters to the Editor... Letters to the Editor...

Second-hand smoke a hazard not merely an annoyance

I was fascinated to read the report (*The Journal*, Apr) on a long-term Japanese study which reveals that non-smoking women married to smokers are twice as likely to die of lung cancer as those married to non-smokers. What's more, "passive smokers," non-smokers who regularly inhale cigarette smoke second-hand, have one-third to one-half the risk of developing lung cancer that they'd have if they smoked themselves.

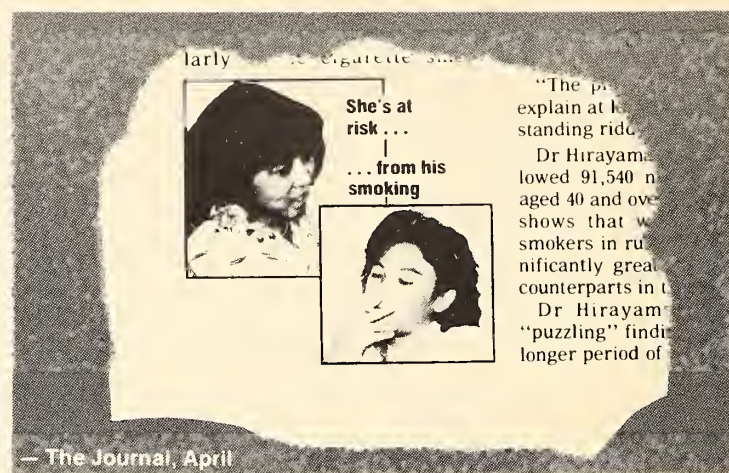
Even more startling is the

report on a study from Wales (*The Journal*, Apr) of cases of sudden infant death syndrome, where it was found that the risk of crib death for babies whose mothers smoke more than 20 cigarettes a day was five times greater than for babies whose mothers did not smoke.

For a long time many non-smokers have been convinced that second-hand smoke is not merely an annoyance, a disagreeable fact of life comparable to cheap per-

fume or loud ties, but an actual hazard to health. It is clearly time that smoking ceased to be regarded purely as a personal habit, dangerous, if at all, only to the health of the smoker. Specifically, smoking in public places has to be much more severely curtailed, if not banned altogether; and maybe people have to learn to be less tolerant of their spouses who smoke.

Perhaps now ARF will revise again the opening sentence in its



section on second-hand smoke in the leaflet it publishes on tobacco, which reads: "There is only indirect evidence that a tobacco-smoke filled environment is bad for the health of healthy non-smokers." I suggest: "There is

growing evidence..." would be more appropriate.

Perhaps, too, Dr Gilbert can be persuaded to reconsider his well-known views on the subject.

Brenda Gibson
St Catharines, Ont

Other analgesics non-addictive too

Zomax 'overrated'

Your article on the new analgesic Zomax (*The Journal*, March) overstated the proven value of this drug.

The fact that it is probably non-addictive is not a breakthrough, since there are many similar non-addictive drugs for the same indications already on the market.

The fact that Zomax compared favorably with ASA combinations and morphine is also beside the point. What was needed was for

McNeil Laboratories to publish studies comparing Zomax with the other new analgesics, Motrin, Clinoril, Naprosin, etc.

All these drugs are non-addictive, non-narcotic analgesics used as alternatives to ASA. I telephoned McNeil and asked them why they didn't do these comparison studies but received no satisfactory answer. One suspects the studies may have been done but did not show what McNeil hoped.

According to pharmacists and doctors I talked to, Zomax is merely another atrociously priced drug with no proven advantage over the several other similar prostaglandin inhibitors on the market now.

What chronic pain sufferers need are drugs that offer something new, not another high-priced version of the status quo.

Brian Bannon
Windsor, Ont

'A painless way to keep up'

The Journal is a great way to keep up with new developments in a "painless" way. It serves an important function.

Dr W. Black
Alcohol Counselling Centre
Christchurch, NZ

The Journal welcomes Letters to the Editor. Letters may be sent to The Editor, **The Journal**, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.

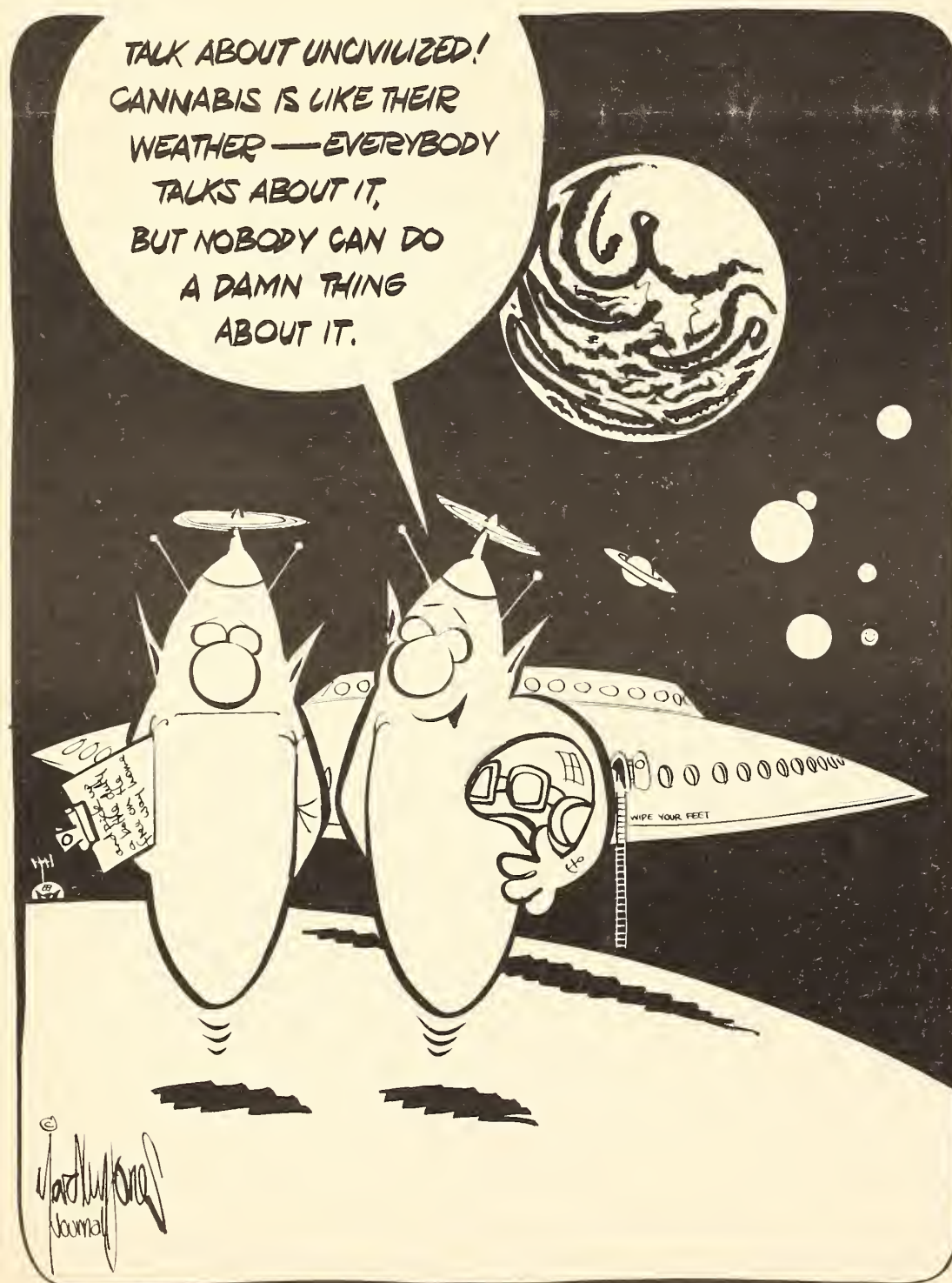
Alcohol the real starter drug

There is considerable controversy especially among parents concerning whether or not pot smoking leads to the use of "harder" drugs. The literature indicates that in many cases "hard" drug addicts frequently report using cannabis prior to other drugs (eg: cocaine, heroin, PCP, etc).

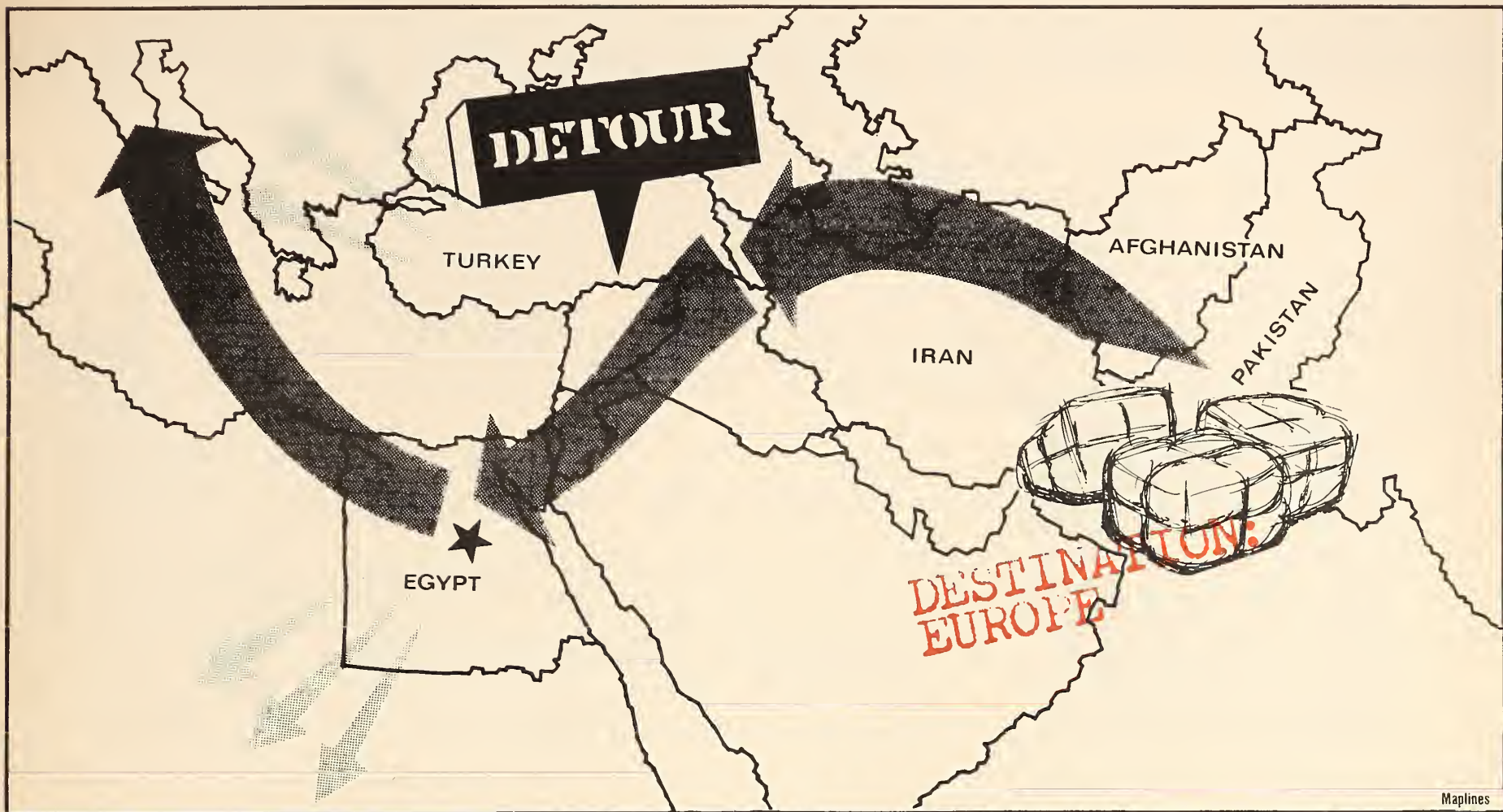
It seems much more likely, however, that children who have become addicted to drugs in later life were first introduced to alcohol before they began smoking grass. If this is in fact the case, then the mass media, and, more significantly, parents themselves, must re-examine their use of alcohol as it relates to the values of our children concerning mood altering experiences.

Such a re-examination may generate considerable conflict in ourselves. Avoiding such a conflict may be at the root of focusing on grass as opposed to alcohol.

Andrew Bennett, CAC
Alcoholism Counsellor
Cortland County Mental Health Center
Cortland, NY



INTERNATIONAL



Africa getting caught in heroin ricochet . . .

By Thomas Land

VIENNA — The illegal Middle East heroin trade is spreading into Africa for the first time.

Dr Bror Rexed, the executive director of the United Nations Fund for Drug Abuse Control (UNFDAC), has just authorized an investment of \$1.2 million to strengthen Egypt's defenses against the international drug syndicates.

The flexible big crime organizations of the Middle East profit primarily from the current upsurge of drug abuse in Western Europe but, by their very nature, they cause great damage in all the producer, consumer, and transit zones where they operate.

So far the African continent has mercifully escaped any significant experience of heroin abuse. The trade has flourished in neighboring West Asia where Iran, Pakistan, and Afghanistan have produced a series of bumper opium poppy crops, exporting much of the produce to Europe and North America through Turkey (The Journal, Mar).

But the tough military regime in power in Turkey since last year (see related story) is making business increasingly difficult for the drug syndicates. Consequently, the traffickers have established a new base in Egypt partly to re-create a springboard to their lucrative European markets and partly to expand further into Africa.

The international rescue operation to be financed by UNFDAC may have come too late. The country's worried public health authorities have evidence of significant new opium poppy cultivation in inaccessible regions of Upper Egypt.

The government recently told the UN's International Narcotics Control Board (INCB) that unless the trade is routed out at once, Egypt could become not just an alternative transit zone for Middle East heroin, but also a new source

of illicit opiates plaguing the rest of Africa and the Western world.

Egypt has responded to the Middle East heroin challenge by establishing bilateral arrangements with Turkey against the common enemy, and by seeking funds from the UN, which also aids Turkey's narcotics control operations.

Enforcement

Dr George M. Ling, director of the UN's Division of Narcotic Drugs, explained that the internationally financed project will provide for the rapid improvement of the transport and radio communication capabilities of Egypt's specialized law enforcement authorities. The UN division has been entrusted with the implementation of the scheme.

According to a UN spokesman: "The new project in Egypt now joins another big project in Tur-

key. These activities are placing unprecedented strains on the UN fund's budget. Now it may be impossible to respond favorably to other requests which are expected from governments in that vital region."

The fund has made a plea for an extra injection of money in view of the widening drug abuse problem in Western Europe, North America, and Africa.

Created in 1971, the fund provides financial support to global efforts to curb drug abuse. It finances field projects in countries where problems of illegal production, trafficking, or consumption of narcotic drugs occur. The fund essentially relies on government contributions, but also receives a portion of its resources from public and non-government organizations.

Despite their geographical and cultural diversity, many African countries are experiencing similar

problems. Locally produced cannabis is the most widely abused drug across that continent, followed by psychotropic substances apparently of European manufacture.

But a growing number of Afri-



Rexed and Ling: \$1.2 million to Egypt to fight drug syndicates.

can nationals are being arrested in Western Europe for involvement in international illicit traffic. A UN specialist here comments: "African countries will wish to pay urgent attention to strengthening their drug control machinery, including the training and upgrad-

ing of their drug enforcement units. The international community should assist them in this effort."

The confrontation over the Middle East opium trade is hurting both sides in the conflict. The crime syndicates holding vast stocks of high calibre heroin are encountering mounting difficulties as they attempt to smuggle the drugs westward through Turkey. One reason for the Turkish authorities' determination to stamp out the trade is their belief that part of the revenues raised by the drug trade is used for the purchase of terrorist arms.

The emergence of big time heroin smuggling in Egypt is therefore an indication of Turkey's success. But Africa may have to pay a heavy price for that success unless Egypt can prevent the heroin syndicates from spreading their disastrous trade throughout the continent.

. . . as Turks barricade landbridge

By Sean Milmo

LONDON — Turkish narcotics police are beginning to come to grips with heroin traffickers who are using Turkey as a landbridge between the Middle East and Europe.

The police's anti-drug campaign was bolstered when Turkey's military took over the country in a coup last September. The strongarm government, headed by Turkish Chief of Staff General Kenan Evren, managed to restore law and order after political terrorism had brought Turkey to the brink of civil war.

Effective

Under the protection of the Turkish army, the police force has been much more effective at breaking up drug smuggling rings that have made Turkey a major entrepôt in the illicit heroin trade.

The Turkey correspondent for the London *Financial Times* has reported that between October and early this year police have seized 88 pounds of heroin, worth an estimated \$8 million on New York streets. "This is a record amount," a senior police officer was reported as saying. "We are at last giving them hell."

Weapons

The Turkish government not only wants to stamp out heroin trade to eradicate addiction in its own country and elsewhere, it also wants to clamp down on smuggling for political reasons. There is strong evidence that smuggling gangs are using profits from trafficking to supply weapons to Turkish terrorists.

A team of United Nations advisers recruited from Western anti-drug agencies visited Turkey late last year to advise the government on ways to increase

the detection rate of its narcotics police.

The United States government, worried about the quantity of drugs originating in or coming through Turkey that reach the US, has given Turkey \$500,000 this year to train and equip its police.

As a result of US pressure 10 years ago, Turkey, then one of the world's leading producers of illicit opium, banned its cultivation. But three years later the authorities were forced to lift the ban because of the increasing hostility of impoverished opium farmers.

Prevention

However, the growers were no longer permitted to use the traditional method of extracting crude opium from poppy seeds. Instead they were obliged to hand over the complete seed capsule to the government. The capsules were then processed at a state-owned factory to make morphine

for medicinal purposes.

The Turkish government says this move prevented the illegal production of narcotics. It was far too expensive and technically difficult to process pods for morphine or heroin. Instead, heroin production moved west to Iran, Pakistan, and Afghanistan.

Gangs

But smuggling gangs in Istanbul started establishing a land route in Turkey between Asia and Europe, taking advantage of the country's mountainous and remote 270 mile border with Iran to set up laboratories and trafficking centres.

Now the police are starting to put the squeeze on this Turkish "mafia." But it is going to be a difficult task. With a kilo of heroin in Western Europe selling at 10 times its price in Istanbul, the gangsters will not give up their huge profits from smuggling without a fight.

NEWS

Addiction hidden in routine medical visits: ADDC

FREDERICTON, NB — The chairman of New Brunswick's Alcohol and Drug Dependency Commission (ADDC) has called on the medical profession to take a drug and alcohol history of all patients.

In testimony before the Public Accounts Committee of the Legislature, Everett Chalmers said he considered it "an absolute necessity that a history be taken and be put on the chart and be available."

The ADDC chairman said about 30% of patients in a doctor's practice have an alcohol or drug-related problem.

He said there was a tendency to consider alcoholics as the skid row type, but "that only runs about 3% to 5%. The other 95% of alcoholics are being looked at by doctors . . . alcoholics who have busted bones,

cirrhosis of the liver, pancreatitis, upper G.I. hemorrhages, psychosis, illusions, withdrawal syndromes of all kinds, nervous symptoms.

"These are being treated in the hospitals by the highest quality of medical care, but nobody ever does a damned thing about their alcoholic-drug problem."

Dr Chalmers said the ADDC is trying to meet with doctors and nurses throughout the province to bring these things to their attention.

"There's too many people going

in and getting a prescription for a headache, when they should get a kick in the rump.

"Maybe the old man is drunk at home. We know of cases where the wife went to the doctor complaining of headache and nervousness and (insomnia) and the husband was an alcoholic. So she gets five milligrams of Valium to take three times a day and then she gets 10 to take three times a day, and in three or four years she's a drug addict, while her husband is still an alcoholic.

"That's why I say these drug

histories and alcoholics' histories should be taken in all cases — those in hospital and the doctor's office."



Chalmers: "they should get a kick in the rump."

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Drug use reported up in Israel

TEL AVIV — A huge upsurge in the amount of drugs used in Israel, or at least a great jump in the amount confiscated by the police, is reported in the recently published 1979 Police Annual Report.

The 1979 report, unlike those of

former years, rarely gives comparative figures or increases in percentages. Comparisons with 1978 have to be dug out.

Only three percentages are given. They deal with the number of "dealer" (pusher) files opened, up 153% to 970; the total number of files opened, up 31.2% to 2,844; and the number of people charged, up 12.5% to 2,808.

However, the annual report only lists (without comparative figures or percentages) 3,275 grams of heroin seized in 1979 (the 1978 report lists 172 grams seized in 1978).

The following other quantities were seized in 1979 (figures in parenthesis refer to 1978): Metha-

done pills, 13,299 (3,110); grams of hashish, 89,122 (80,365); grams of marijuana, 2,503 (681); grams of opium, 64,768 (1,454); grams of cocaine, 9,162 (5.85).

In two fields, there was a drop in the amount seized. Amphetamine pills dropped from 2,469 in 1978 to 126 in 1979; and "units" of LSD dropped from 76 to 27 in 1979.

The only bright note in the entire report is in the number of accidents. The total number dropped in 1979 to 14,923 from 17,855 in 1978. Although the total number of drunken drivers implicated increased to 59 in 1979 from 38 in 1978, the figure remains small compared to that in other countries.

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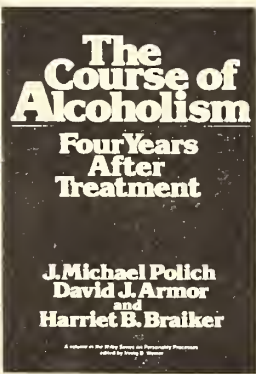
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THE COURSE OF ALCOHOLISM
FOUR YEARS AFTER TREATMENT

J. Michael Polich, David J. Armor & Harriet B. Braiker

A searching examination of successes and failures in treating this major health problem.

Reports the results of a study of the drinking behaviour and alcohol-related mortality of 922 alcoholics over a four-year period following treatment. It challenges the conventional acceptance of abstinence as the only possible method of recovery for all alcoholics.

No particular approach to therapy is recommended but the results underscore the need for rethinking our strategies of alcohol treatment.

This is a valuable source for researchers, practitioners, and everyone interested in the problem of chronic alcoholism.

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DEPARTMENT

Projections

The following selected evaluations of audio-visual materials have been made by the Audio Visual Assessment Group of the Addiction Research Foundation of Ontario. The ratings are based on a six point scale. For further information, contact Jenny Cafiso, coordinator of the group, at (416) 595-6150.

It's A Dirty Filthy Habit

Number: 439.
Subject Heading: Smoking.
Details: 10 minutes; 16mm; color.
Synopsis: The production and use of tobacco in Canada is the subject of this documentary film. The tobacco trade and the production of cigarettes are very profitable businesses. The extent and pattern of cigarette use is discussed and Canada is said to be a nation of smokers. The harmful effects of cigarette smoke are becoming increasingly known, yet people continue to smoke, partly encouraged by advertising. A new trend is developing, however, as non smokers become more vociferous with their demand for non-polluted air; they are gaining more rights as smoking is prohibited in many places. Slowly, smoking is becoming socially unacceptable.
General Evaluation: Fair (3.0). This is a contemporary film possessing some useful information about smoking. It received moderate ratings in most categories.
Recommended Use: This film is likely to be neither harmful nor beneficial to most audiences.

Pot, Pills And Panaceas

Number: 442.
Subject Heading: Drugs — pharmacology; drug use — etiology and epidemiology; drugs and youth.
Details: 20 minutes; slide-tape; color.
Synopsis: In this slide-tape presentation, the widespread use of drugs is discussed. Many people use drugs to change the way they feel and to push reality aside. Drug-taking is reinforced at an early age, when children learn to view the medicine chest as a dispenser of comfort. The pattern continues as adults insist on obtaining prescriptions from their doctors or become dependent on alcohol or other drugs. People should be very cautious about drug-taking; the same drug may affect people in different ways. It is emphasized that it is not the drugs, but how they are used that is good or bad, and that people should be aware of the risks involved.
General Evaluation: Fair-Good (3.4). This contemporary production was judged to be informative and a good teaching aid.
Recommended Use: This film is likely to benefit audiences 12 years of age or older.

Joy's Story

Number: 444.
Subject Heading: Alcohol and the family; women and alcohol.
Details: 12 minutes; 16mm; color.
Synopsis: This is the story of a 13-year-old girl who has used alcohol and other drugs since the

age of 11. She speaks of the way she started using these drugs and the consequences they have had on her life. Her family also describe the changes that they saw in her, and their inability to intervene. Joy has been undergoing treatment in hospital for five months. The program has attempted to teach her how to cope with problems, without using drugs. As she

is ready to be discharged, she expresses concern about going back home and fears that her friends may encourage her to take drugs again.
General Evaluation: Fair (3.1). This film received moderate ratings in most categories.
Recommended Use: This film is likely to be neither harmful nor beneficial to most audiences.

No Problem

Number: 449
Subject Heading: Employee Assistance Program.
Details: 12 minutes; 16mm or 3/4" video cassette; color.
Synopsis: A young man working as a machine operator and a company executive speak of how their increasing dependence on alcohol affected their work performance. They describe the processes by which the problem was covered up in both cases, until a severe

accident at work, in the case of the executive, forced them to seek help in a rehabilitation program, and to re-establish a normal life. Their stories emphasize the important role played by employers in the process of recovery.
General Evaluation: Good (4.0). This is a contemporary and informative film with a clear message. The A/V Assessment Group liked what the film said about Employee Assistance Programs.
Recommended Use: Likely to benefit adult audiences, in particular employers.

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

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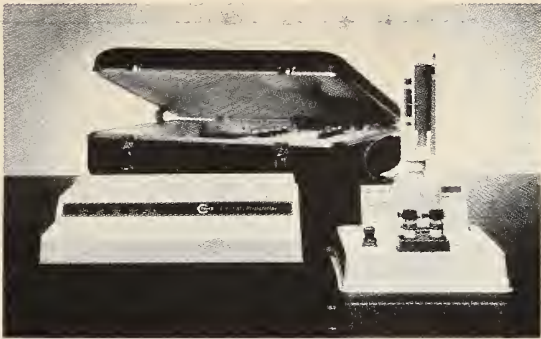
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DEPARTMENT

New Books

by RON HALL

Alcohol Use And World Culture: A Comprehensive Bibliography Of Anthropological Sources

... by Dwight B. Heath and A. M. Cooper

This bibliography has been compiled with the aim of providing easier and more comprehensive access to the large, diverse, and widely scattered literature that deals with alcoholic beverages in

relation to human behavior among various populations throughout the world. An attempt has been made to provide an up-to-date list of most of the sources that deal with alcohol in sociocultural perspective, throughout time and space. In temporal terms, it ranges from prehistory to mid-1978, and in spatial terms, no area of the world has been ignored. The bibliography is intended to serve students and laypersons as well as the international and multidisciplinary scholarly community. Books, monographs, chapters in books, and articles in scientific journals comprise the

bulk of the items that are cited. The subject index utilizes abundant cross-references and is intended to help the reader find works that deal with a particular concept, theory, or topic on the one hand, or with a particular area, nation, tribe, or other special population on the other.

(Addiction Research Foundation, 33 Russell Street, Toronto, Ontario M5S 2S1. 1981. 263p. \$10.00.)

Heroin, Deviance And Morality

... by Charles W. Lidz and Andrew L. Walker

This book deals with the drug crisis of the late 1960s and early 1970s as well as the activities of drug addicts and social control agents. It is a book about culture

conflict, deviance, and social control. By analyzing this crisis within the dynamic concept of morality, the authors show that the use of drugs was neither sudden nor mysterious, but rather a normal social episode that played an integral role in the ongoing dynamic process of cultural integration. Sections of the book are devoted to the drug crisis; ideologies; punishment-outlaw relationships; a description of the clinic where much of the research was done; therapeutic control; and a summary of findings and thoughts on policy.

(Sage Publications, Inc, 275 South Beverly Drive, Beverly Hills, CA 90212. 1980. 269p. \$8.95.)

Marihuana: The First Twelve Thousand Years

... by Ernest L. Abel

The book begins with cannabis use in the ancient world and hashish use among the Arabs, and follows the cannabis trail through Africa, Europe, and the Americas. The story of the cannabis plant in the United States is covered in depth. This volume concludes with a review of scientific knowledge of marijuana, suggesting possibilities for its contemporary therapeutic use.

(Plenum Publishing Corporation, 227 West 17th Street, New York, NY 10011. 1980. 300p. \$17.95.)

CORRECTION

In the March New Books column, two book titles were transposed, thus appearing over the wrong reviews. We run the two book reviews below, correctly, and regret any inconvenience to our readers.

The Medical Consequences Of Chronic Alcohol Abuse

... by C. Samuel Mullin

This booklet is intended to assist treatment personnel of various professional and paraprofessional backgrounds to learn some of the basic facts on what alcohol does to body and mind when used unwisely over the years, and what can be done to arrest or reverse these changes. Sections are devoted to discussions of the effects of alcohol on the brain, stomach, pancreas, intestines, liver, heart, blood pressure, nerves, and muscles. The relationship of alcohol to infection, cancer, sexual function, and sleep disturbances is also covered. A chapter is devoted to the Fetal Alcohol Syndrome, and another deals with the interaction of alcohol with medications. The information is intended for the use of alcoholism counsellors serving in clinics, detoxification facilities, halfway house, and hospitals, physicians in office or hospital

Beyond Alcoholism Alcohol And Public Health Policy

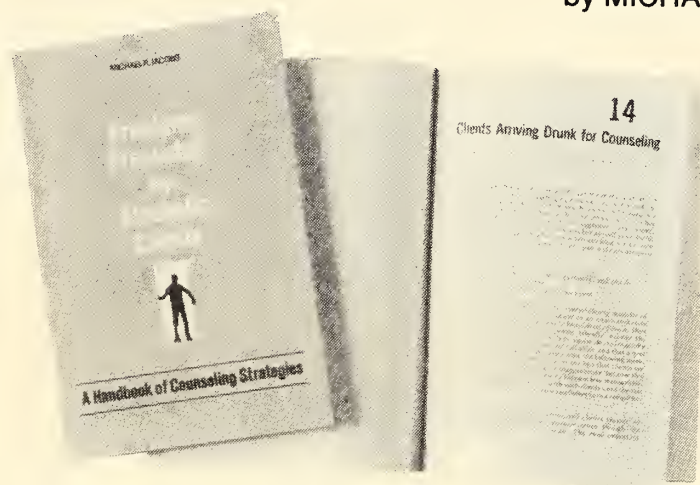
... by Dan E. Beauchamp

The author suggests that an explanation for alcoholism must include not only medical and moral approaches but legal, economic, and social ones as well. He reviews the evidence that discredits views based exclusively on individual factors while ignoring the social and cultural factors that influence alcohol use. An international perspective is brought to the study of alcohol policy in a chapter on the Finnish case. The effects of strikes, government decrees, and sudden wartime restrictions to the supply of alcohol during various periods of United States history are discussed. Specific policy recommendations are made related to taxation, advertising, and legal age issues, balancing the value of personal privacy with the public interest in reducing rates of alcohol abuse.

(Temple University Press, Broad and Oxford Streets, Philadelphia, PA 19122. 1980. 234p. \$17.50.)

Valuable NEW Handbook for Alcohol Counselors!

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DEPARTMENT

Coming Events

Canada

A Human Approach to a Human Being Aspiration: Recovery from Alcoholism — May 20-22, Regina, Saskatchewan. Information: Herman Hovland, 2140-9th Avenue N, Regina, Sask.

Smoking or Health in the 80s — May 28, 1981, Toronto, Ontario. Information: Mrs M. Nefsky, Secretary to the Planning Committee, Smoking or Health in the 80s, Second Floor, 7 Overlea Boulevard, Toronto, Ont M4H 1A8.

8th Biennial Conference of the Canadian Guidance and Counselling Association and SCOC — June 2-5, Calgary, Alberta. Information: The Registrar, CGCA/SCOC Conference, Faculty of Education, University of Calgary, 2500 University Drive NW, Calgary, Alta T2N 1N4.

Summer School on Addictions — June 21-26, Charlottetown, Prince Edward Island. Information: Director of Extension and Summer Sessions, University of Prince Edward Island, Charlottetown, PEI C1A 4P3.

15th Canadian Addictions Foundation Conference — July 7-10, St John's, Newfoundland. Information: Vernon Lang, Canadian Addictions Foundation, Suite 1100, 251 Laurier West, Ottawa, Ont.

Royal College Medical and Surgical Exposition — Sept 15, 16, 17, Toronto, Ontario. Information: Hugh F. Macgregor and Associates, 662 Queen Street West, Toronto, Ont M6J 9Z9.

Input 81 4th Biennial Canadian Conference on Employee Assistance Program and Alcohol and Addiction Problems in the Workplace — Oct 4-8, Ottawa, Ontario. Information: Ingrid Norrish, Humber College, 205 Humber College Blvd, Rexdale, Ont M9W 5L7.

United States

15th Annual UW-Extension Summer Alcohol and Drug Institute, "Alcohol, Drug Abuse & Aging: A Hidden Cost of Retirement" — June 1-4, Madison, Wisconsin. In-

formation: University of Wisconsin-Extension, 322 Lowell Hall, 610 Langdon Street, Madison, WI 53706.

International Summer School on Counselling the Family of the Chemically Dependent — June 1-5, Moorhead, Minnesota. Information: Debby Thornton, Social Work Department, Moorhead State University, Moorhead, MN.

Chemical Abuse and Mental Illness — June 4-6, Minneapolis, Minnesota. Information: Moira Keane, Program Assistant, Department of Conferences, 335 Nolte Center, 315 Pillsbury Drive SE, University of Minnesota, Minneapolis, MN 55455.

Feelings . . . Yours, Mine, Theirs: A Look at Relationships in Substance Abuse — June 5-7, Traverse City, Michigan. Information: Michigan Alcohol and Addiction Association, 23450 Middlebelt, Farmington Hills, MI 48024.

Tenth Annual Session of the Southern Oregon Institute of Alcohol Studies — June 7-12, Salem, Oregon. Information: Ruthanne Lidman, Coordinator, SOIAS, 2020 Center Street NE, # 42, Salem, OR 97301.

17th Annual Institute on Alcohol Studies — June 7-12, Silver City, New Mexico. Information: Charles King, Substance Abuse Bureau, PO Box 968, Santa Fe, NM 87503.

Chemical Dependency and Family Intimacy Training Project — Apr 22-24, June 10-12, Sept 14-16, Oct 28-30, Minneapolis, Minnesota. Information: Eli Coleman, Chemical Dependency and Family Intimacy Training Project, Program in Human Sexuality, 2630 University Avenue SE, Minneapolis, MN 55414.

Workshop on Chemical Dependency and Adolescents — June 14-19, Minneapolis, Minnesota. Information: Janet Winsand, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

10th Annual Ohio Drug Studies Institute — June 15-19, Columbus, Ohio. Information: Cynthia J. Kratz, Office of Education and Training, Ohio Department of Mental Health, 30 East Broad Street, Room 2491, Columbus, OH.

In order to provide our readers with adequate notice of forthcoming events, please send announcements, as early as possible, to: The Journal, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.

The Church, the Community and Alcohol — 27th Annual Assembly of the North Conway Institute — June 16-19, Byfield, Massachusetts. Information: North Conway Institute, 14 Beacon Street, Boston, MA 02108.

National Conference on the Employment of Individuals Handicapped by Drug Abuse and Alcoholism — June 18-19, Washington, DC. Information: Dan Carpenter, NADAP, Inc, 355 Lexington Avenue, NYC 10017.

University of Utah School on Alcoholism and Other Drug Dependencies 30th Annual Session — June 21-26, Salt Lake City, Utah. Information: University of Utah School on Alcoholism and Other Drug Dependencies, PO Box 2604, Salt Lake City, UT 84110.

Basic Workshop on Chemical Dependency and the Family — June 22-26, Minneapolis, Minnesota. Information: JoAnne Terry, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

32nd Annual Symposium on Alcoholism — June 22-July 22, Seattle, Washington. Information: Alcohol Studies Program, Seattle University, 12th and E Columbia, Seattle, WA 98122.

Abroad

27th International Institute on the Prevention and Treatment of Alcoholism — June 15-20, Vienna, Austria. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.

11th International Institute on the Prevention and Treatment of Drug

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Dependence — June 22-27, Vienna, Austria. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.

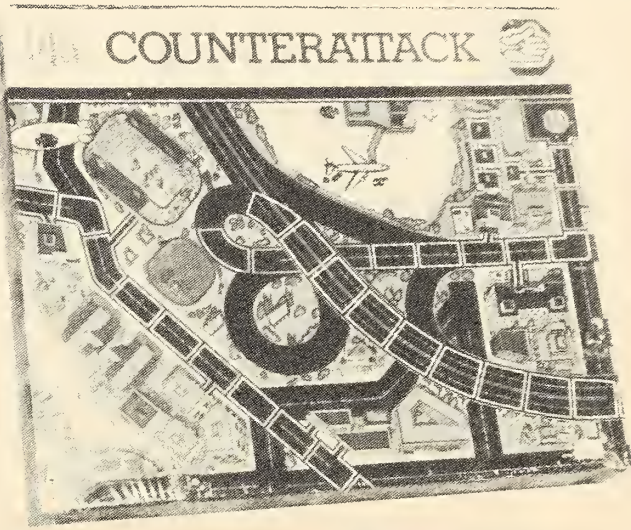
7th Institute on Drugs, Crime and Justice in England — July 7-24, London, England. Information: Arnold S. Trebach, Director, Institute on Drugs, Crime and Justice in England, School of Justice, The American University, Washington, DC 20016.

International Research Conference on Narcotics — July 26-30, Kyoto, Japan. Information:

Hiroshi Takagi, Department of Pharmacology, Kyoto University, Sakyo-Ku, Kyoto 606, Japan.

12th International Institute on the Prevention and Treatment of Drug Dependence — March 1982, Bangkok, Thailand. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.

13th Collegium Internationale Neuro - Psychopharmacologicum Congress — June 20-25, 1982, Jerusalem, Israel. Information: Secretariat, 13th CINP Congress, POB 29784, Tel Aviv, Israel.



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Tycoon's legacy — a medical - legal dilemma

A tale of drugs, love, wealth, and death

By Tim Padmore

VANCOUVER — When 26-year-old department store heir Jeffrey Cohen died three years ago of a drug overdose, he left behind not only a multi-million dollar estate, but also a medical-legal dilemma.

Was the strung-out tycoon in full possession of his mental capacity when, following the urging of company executives, he had two new wills drawn up?

Was it fair that the wills excluded the woman with whom Mr Cohen lived, off and on, for two years and for whom he had declared his love?

Last fall, the British Columbia Supreme Court was called on to answer those questions in an application to prove the validity of the last will. The application was brought by Mr Cohen's family and contested by Annamarie Kronfuss, the disappointed lover.

The trial was a fascinating tale of drugs, sex, and wealth. More important, it was an examination of the impact of drug abuse on the mind and character of an intelligent, privileged man, and of whether the effects of his addictions rendered him unfit to judge rightly his own mind.

Here, as pieced together from evidence given at the trial, is that story.

Just before Christmas 1974 Edmonton lawyer Tom Mayson was summoned to Vancouver to prepare a will for Jeffrey Cohen, heir to the Army and Navy department store empire founded by his grandfather, Sam Cohen.

Mr Mayson, the family's lawyer, met Jeffrey at the airport. His client, he recalled, looked "thin, haggard, and tired," with bags under his eyes. On their way downtown, Mr Cohen drove erratically.

At the office of chartered accountant Mike Walton, the secretary-treasurer of Army and Navy, Mr Cohen repeatedly "nodded off" and at one point fell asleep while his will was being reviewed, Mr Mayson said.

Later at his home, Mr Cohen fell sound asleep for an hour, then was roused by the lawyer, who went outside to start the car for the drive back to the airport, while Mr Cohen went to the bathroom. After a quarter of an hour, Mr Mayson had to return to the house to extract Mr Cohen from the bathroom.

Under cross examination, Mr Mayson testified that it "crossed my mind" that Mr Cohen may have been shooting up with drugs.

Signing a second will a month later (which became the will of record) Mr. Cohen again dozed off and again had difficulty driving his car.

The two wills provided a lifetime income for his father, Jacob Wener Cohen, and his mother, Marlene.

Since the previous May, Mr Cohen had been on a methadone maintenance program to treat a heroin addiction he said had begun the previous autumn.

But it had been a rocky road. In 36 of 54 urine samples taken between May and November, there were traces of barbiturates and codeine. There was evidence that at the time of one of the will signings, Mr Cohen had taken a double dose of methadone and two barbiturates.

The new wills differed from an earlier

one that did not include the father and mother. It was argued by the family's lawyer, Douglas McK. Brown, that this was because the family was wealthy at that time.

But by 1975, Jacob Cohen had gone through \$1 million of a \$1.8 million trust as the family's fortunes deteriorated. Mr Brown said that Mr Cohen, as a dutiful son, decided to write them into his new will, although he declined to leave them a lump sum because (in the words of Mr Mayson) they had "tended to live beyond their means to an unnecessary degree."

Jeffrey Cohen, too, had a penchant for high living. As a vice-president and director of Army and Navy, he earned \$100,000 a year and many of his expenses were paid from two family trusts. Even so, in 1974 and 1975 he managed to lose two expensive automobiles and a yacht to satisfy gambling debts.

During this time, Mr Cohen was living for extended periods with Annamarie Kronfuss, now in her early 30s. Ms Kronfuss, not named in either will, contested both on the grounds that Mr Cohen was in a weakened emotional and mental state because of a heroin and cocaine addiction and, therefore, was unable to understand the nature of the wills and their effects. She also claimed that he was subjected to undue influence by the family and officers or agents of Army and Navy.

Ms Kronfuss testified that Mr Cohen carried cocaine with him and would snort it in restaurant washrooms. She said she once found him in bed unconscious and with his arms bleeding from heroin injections. Mr Cohen, she said, used to bury balloons containing heroin in the backyard.

She told of cocaine parties that lasted two or three days, after which everyone would sleep for another two or three days, only to repeat the cycle within a week.

Mr Cohen's sister Karene confirmed she had been at parties where her brother used the drug. The cocaine was spread out on a table and snorted by guests until it was gone.

Appeal Court justice Angelo Branca, friend and counsel to grandfather Cohen before Branca's appointment to the bench, testified that Jeffrey visited him in his chambers one day and told him he had been a drug addict since he was 15 years old.

"I tried to tell him in a grandfatherly way it was a habit he had to shake," said Mr Justice Branca. "I told him that with the wealth he had, he had responsibilities."

He said Jeffrey, whom he had known since he was a little boy, was intelligent and understood the department store business. He said he was regarded by his grandfather as "the only one who could step into his shoes and carry on the empire."

Army and Navy officers testified that Mr Cohen was a conscientious executive, attending all directors meetings and annual meetings. (However, Ms Kronfuss' lawyer Darrell Roberts suggested, without being contradicted, that Mr Cohen

only went to the Vancouver store once a week and may have been absent for months at a time.)

Expert testimony as to Mr Cohen's likely competence at the time of the will signing was mixed.

Ken Varnam, who supervised Mr Cohen's methadone maintenance program, noted that at the turn of the century a famous surgeon operated a clinic while under the influence of heroin and morphine. (Mr Brown added, jokingly, that Sherlock Holmes, who was portrayed as a cocaine user, was another example of a competent drug abuser.)

Dr Varnam said people can function well if they are on a stabilized dose of narcotic. An unaccustomed dose of methadone, he said, could make a person drowsy if he were not directly involved in a discussion.

Derek Eaves, a psychiatrist who specializes in the decision-making processes of drug addicts, testified that drug addicts are capable of making considered decisions.

But the barbiturates Mr Cohen was alleged to have taken with methadone could have created considerable impairment of his ability to make a will, Dr Eaves said.

Dr Varnam said Mr Cohen told him he used two or three caps of heroin a day to relieve tension, after first trying it as "a lark."

He said Mr Cohen enjoyed business but felt unfulfilled and felt more secure when he was using heroin.

Mr Cohen made a number of other attempts to cure his addictions. In April 1975 he decided to stop cold turkey, but in June showed traces of morphine (the metabolic residue of heroin) in his urine. In August 1977 he entered a rehabilitation program at the Las Encinas hospital in Pasadena, California. He was on a pass from the hospital, under supervision of a male nurse, at the time of his death.

Life was complicated by brushes with the law.

In June 1974 he pleaded guilty to possession of heroin and cocaine, receiving a \$500 fine and a two-year suspended sentence. In 1977 he was arrested for non-payment of more than \$1,000 in traffic fines and was given a suspended sentence for causing a disturbance and committing mischief by breaking a window.

At the time of his death, he was under a delayed sentence on another charge of possession of cocaine. (The charge was originally possession for the purposes of trafficking, but the judge accepted Mr Cohen's argument statement that the 20 grams of cocaine in his possession was only a four- to seven-day supply.)

Threaded through his turbulent life was his relationship with Ms Kronfuss.

She told the court that she left Mr Cohen many times, but always came back. "I loved him. I hoped some day he would realize what he was doing and I could get him away from it."

In December 1976, when he was in jail on a cocaine charge, he wrote to her:

"Anna, I want you to know that every-

thing about our relationship has become very clear to me here. I allowed people and artificial inducements to cloud a very important point that you are more important to me than anything I ever used to place in between us.

"Rather I will concentrate on the real things in my life: my future and yours. If you let me I will ensure that the years of discontentment are more than made up for with years of pleasure and happiness."

Other testimony, elicited to show that the relationship between Mr Cohen and Ms Kronfuss was less substantial, brought out the fact that Mr Cohen had had other women friends and Ms Kronfuss other lovers during the relationship.

Mr Cohen's sister Jacqueline said the Kronfuss relationship was one of "convenience." "Jeff was a great one for convenience. She cleaned the house and fed the dogs, and he took her out socially very rarely."

Another witness testified the two had frequent arguments and fights.

On April 15, 1978, Mr Cohen left the Las Encinas hospital for a visit home, in the company of a male nurse. With him he had prescriptions for seven varieties of tranquillizers. He had four drinks on the airplane, drank two bottles of champagne at a family gathering that evening, and had two more drinks elsewhere before checking into a hotel room. The nurse checked into an adjoining room.

Some time after that, he apparently came into the possession of heroin. As there was no evidence of fresh needle marks, it is believed he sniffed the drug. Heroin powder was found on a \$1 bill in the room.

Later, he vomited and choked on his own stomach contents as he lay unconscious on the bed.

Blood tests showed morphine residue and a 0.13% blood alcohol reading.

In January 1981, Justice H. A. Callaghan ruled Jeffrey Cohen's last will and testament to be valid.

He described the relationship with Ms Kronfuss as "tenuous" and the final will as sensible in its disposition of the estate.

He ruled that on the basis of the whole of the evidence, he had to conclude that at the time Mr Cohen executed his last will, his mind was sufficiently clear to allow him to comprehend what he was doing, to recall and understand the nature and size of his assets, and to remember the persons whom he ought to benefit.



Filter tip fad 'baloney' — Framingham chief

By Betty Lou Lee

HAMILTON — Smokers who switched to filtered cigarettes in the 1950s and 1960s have not protected themselves against heart attacks, says the director of



Castelli: Is carbon monoxide really to blame?

the Framingham Heart Study. "There is no difference in coronary heart disease between those who switched and those who didn't," William Castelli reports. "It's a bunch of baloney . . . it's a hoax, duping people into thinking they are doing something safe," he said of filtered cigarette promotion. He made the remarks during an interview while in Hamilton to give a series of lectures on diet and heart disease. He is also a lecturer in preventive medicine at the Harvard Medical School. An American Cancer Society study showed filters reduce the risk of lung cancer by 25%, but Dr Castelli said this only meant a smoker had 15 times the risk of a non-smoker, instead of 20. "And if people quit smoking,

they have the same risk of heart attack as people who never smoked. After 10 to 15 years (of quitting) they also have the same lung cancer risk as someone who never smoked." The finding that filters don't make a difference in heart disease may mean it is not related to tar and nicotine, but to carbon monoxide, Dr Castelli said. "Filtered cigarettes are just as high in the CO exhaled as non-filtered. And some people think they are better off smoking cigars and pipes, but they have some of the highest CO levels we've seen." The Framingham study was begun in 1949 and included every second man and woman aged 30 to 60 who lived in the Massachusetts town — a total of 5,127. They have been followed ever

since, and the study now includes many of their sons and daughters. "It looks like cholesterol levels are lower, blood pressures are lower, and smoking is decreased among the offspring," Dr Castelli said. "That suggests the major epidemic of coronary heart disease is starting to turn the corner." In the original study group, 70% of the men smoked, but now 45% of their sons do. Among women, however, 35% of the originals smoked, and 45% of their daughters do. The Framingham study has also shown that two drinks of alcohol a day lowers the risk of fatal heart attack, but the director isn't recommending such a regimen. "The danger is, if a person tries to stay to two a day, he could be-

come an alcoholic." He believes alcoholism is an inherited, rather than an environmental disease. "The environmental influence is not very powerful. Three studies of orphans have shown that if they were raised by alcoholics, they had no increased risk for alcoholism. But if their biological parents were alcoholics, they are at four times the risk. That suggests an inherited metabolism that converts alcohol to something addictive. "Until we have a test to find the metabolic market to detect those destined to become alcoholics, the message of two drinks a day can't be given to the public. "We've started studies of metabolic factors to identify alcoholics — very unsuccessfully."

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The Journal

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Public concern gets action

Govt to test diazepam - cancer link

By Pat Ohlendorf

OTTAWA — Canadian government tests on diazepam (Valium) are expected to begin this month to try to determine once and for all whether the popular tranquillizer encourages cancer growth. The research, budgeted for a minimum of \$150,000, is likely to take at least a year to complete. The action follows a flurry of phone calls to the federal Bureau of Human Prescription Drugs (formerly the Bureau of Drugs)

from physicians and patients who had read newspaper reports earlier this year on the findings of Montreal researcher David Horrobin. Dr Horrobin claimed diazepam in low doses promoted the growth of breast cancers in laboratory rats, and he called for further research as well as warnings to patients taking diazepam (*The Journal*, Feb 1981). "We felt that the public had really got to the point where they wanted some definitive answers,"

Ian Henderson, director of the Bureau of Human Prescription Drugs, told *The Journal*. Added Denys Cook, director of the Bureau of Drug Research, where the experiments will be carried out: "We've been watching diazepam for a number of years now, ever since Dr Horrobin's transplant results. We've seen the amount of information [on the drug] growing and we've seen the controversy growing — to the point that we decided it would be worthwhile trying to do a few crucial experiments to clarify the

properties of diazepam and to straighten out its status." Results of the experiments are not expected for several months. They will be passed to Dr Henderson's bureau which has the power to issue warnings on labels and to add the information to the profiles of diazepam in the *Compendium of Pharmaceuticals and Specialties (CPS)* and the *Canadian Encyclopedia of Drug Therapy*, the two source books on prescription drugs in Canada. Dr Henderson doubts it will come to that. "Quite honestly I'm not expecting any surprises. But we're turning over every stone. You can't make judgments from armchairs. You have to say, 'Look, Horrobin could be right.'"

Block grants steamroller in US demands single alc/drug voice

By Harvey McConnell

NEW ORLEANS — Alcohol and drug abuse interests must unite in a single voice or be steamrolled when the Reagan administration dollops of block grants reach the states. This was the blunt warning given the annual forum here of the National Council on Alcoholism by Jean Harris, secretary of human resources for Virginia, and vice-chairwoman of the National Com-

mission on Alcoholism and Other Alcohol Related Problems. Block grants are coming without question, Dr Harris said, "and if constituency groups persist in trying to maintain the singularity of alcohol or drug funds there is no chance for success." Congress should be lobbied by a united voice combining alcohol, drug abuse, and mental health interests, said Dr Harris. "A strong singular voice then has a good chance of silencing, or overriding, the useless, undirected

babble of many tongues." Congressmen must not be backed into a corner, with no room to maneuver, by just one interest. "It is more than possible advocacy of a single source funding (such as alcohol) could end up with no support at all." Dr Harris said she hoped Congress at least indicates in general terms that funds should go for specific programs, otherwise many states will put the money into the general revenue funds. Local advocacy groups will be essential to see that funds go to local programs because scores of special interest groups will push state officials for their slice of the financial pie. As for the National Commission, Dr Harris said the present "is a bit murky, but the commission is still alive and kicking feebly. It is hoped the future will be brighter and the commission can maintain a visibility at the level of the White House staff."

The government will be conducting bacterial, mammalian cell, and longer term animal studies to determine whether diazepam or its metabolites initiate DNA changes, promote the development of tumors from damaged cells, or enhance the growth of existing cancers. A range of doses will be used, including the low (therapeutic level) doses which Dr Horrobin had found suspect. The controversy began in 1978 when Dr Horrobin, then director of the endocrine pathophysiology laboratory at Montreal's Clinical Research Institute, reported his lab results. In later newspaper interviews, he claimed funding agencies had refused his applications to pursue this research and (See — Bureau — page 2)

Block grants...

...Canada's debate -p.16

Troubled BC agency leaderless yet again

VANCOUVER — The troubled Alcohol and Drug Commission of British Columbia has suffered another shock with the resignation of a senior civil servant who had taken over the reins of the commission. Gerald Bonham, senior assistant deputy minister of health, resigned in April and thereby left vacant the job of commission chairman to which he had been appointed a year ago. Dr Bonham took over from Bert Hoskin, the father of BC's abortive flirtation with compulsory heroin treatment. Just before he left, Dr Bonham presented the government with a detailed package of recommendations for re-organization of the commission that would have split it into an operating branch and a policy branch. Where the commission is heading now is in some doubt. The only reason suggested for Dr Bonham's departure was that he had "another opportunity that he wanted to take advantage of." That was the explanation offered by his boss, deputy minister Peter Bazowski. Dr Bonham is the third senior deputy to leave the health ministry since the appointment three months earlier of Mr Bazowski, a former RCMP deputy superintendent who worked with health minister Jim Nielsen in his previous portfolio as consumer and corporate affairs minister.

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LATE NEWS

NADC 81, the August meeting of the United States National Alcohol and Drug Coalition, will probably be cancelled. Under new rules from the Office of Management and Budget, the US National Institute on Drug Abuse has to withdraw its offer of an \$80,000 grant. Coalition chairman Edward Senay told *The Journal* the board planned to vote on the issue but added: "There's no way we can function without that money."

NEWS

Briefly...

LONDON — Patients know best how much pain reliever they need, according to Chris Hull of the medical school at the University of Newcastle upon Tyne, quoted in *The Economist*. To counter the subjectivity of doctors and patients in determining amounts of pain reliever needed, Dr Hull has developed Odac — the On Demand Analgesia Computer. The ODAC, about the size of two books and controlled by a microprocessor, has a pre-recorded tape that asks patients at regular intervals whether they are in pain and, if so, to push a button for relief. The Odac administers a background dose of the analgesic continuously and the patients are given a predetermined booster dose when they request it, thus providing half of the treatment automatically and half on request.

TORONTO — Smoking, not environmental pollution, is now the primary cause of chest disease, a British working party on thoracic medicine has found (*Journal of the Royal College of Physicians*, 1981). People who work as coal miners and foundry workers are more affected by their own cigarettes than their working environment, the thoracic researchers said. They also concluded that chronic lung diseases due to cigarette smoking cause nearly 10% of sickness absence from work and that bronchitis and emphysema fill 10% of hospital beds.

WASHINGTON — The recent controversy over a fabricated story in the *Washington Post* about an eight-year-old heroin addict has left many believing such early addiction does not exist. But according to a source here, heroin addiction has afflicted children as young as 10 years. William Dwyer, a Detroit police inspector, said a 10-year-old boy who claimed to be a heroin addict is the youngest he has come across in seven years as a narcotics officer. Most young addicts, he said, are children of addicted parents.

TORONTO — Officials in China claim raw opium grown for medical use is being smuggled to Hong Kong and Taiwan, says a Reuters news report. Xin Deli, deputy head of the judicial office of the Shanghai municipality, reported capture of some Hong Kong smugglers in possession of the drug which was believed to have come from Yunnan province, a traditional opium growing area bordering Vietnam, Laos, and Burma. The quantities smuggled are described as "limited." Although unofficial reports have suggested there is some drug use in some areas, the Chinese are still believed virtually to have eliminated drug use after the Communist victory in 1949 (*The Journal*, Apr).

Enforcers of drug laws become the victims, says Skolnick in decriminalization call

By Tim Padmore

VANCOUVER — Drug law enforcement tends to backfire on the enforcers.

That is the conclusion of Jerome Skolnick, professor of jurisprudence and social policy at the University of California at Berkeley.

Speaking at a conference on drug abuse sponsored by Simon Fraser University, Mr Skolnick said enforcement efforts usually have only a marginal effect and

often provoke unexpected consequences.

An example is the "buy and bust" policy practised for a time by police in New York City, in which an undercover narcotic purchase would be followed by a prompt arrest.

One result was increased sophistication of dealing techniques. Another was an escalation of violent attacks on police officers. Since the policy was

abandoned, he said, the police have had to use their guns half as often and have been shot at half as often as when the policy was in force.

Drug enforcement also invites corruption, he said. For example, the heavy reliance on informants means that officers must often look the other way when the informants commit crimes themselves.

And the police may become mere tools of the criminals in their

battles among themselves. Some of the biggest busts follow tips coming from competitors in the drug trade.

It is time, he said, for society to start considering models for decriminalizing many drugs of abuse.

"The trouble with laws as solutions is, we create all these problems with laws and then say, what laws do we need to deal with the problems."

Obs / gyne chiefs need alert to FAS

By Harvey McConnell

NEW ORLEANS — Hospital medical staff must be periodically reminded they should try to identify pregnant women who are heavy drinkers, experience at



Rosett has key to compliance.

Boston City Hospital has demonstrated.

Henry Rosett, who has carried out research on the fetal alcohol syndrome (FAS), said he has found the key to compliance by obstetrical staff to taking a 10-question drinking history among pregnant patients: have the chairman of the department of obstetrics and gynecology in agreement.

Dr Rosett told the American Medical Society on Alcoholism meeting here that in the year he and his colleagues were present in the obstetrical unit developing a 10-question drinking history, the histories appeared on 92% of the patients' charts.

When the research staff was withdrawn, histories appeared on only 77% of the charts in the next six months. Six months later, they appeared on only 59% of the charts.

In mid-1980 a new group of residents entered the department and there was a turnover of key nurses. By then, said Dr Rosett, histories appeared on only 38% of the charts. A slide presentation and discussion of FAS did not help — histories on charts reached a low point of 33%.

Dr Rosett said that following

consultation, the chairman of the department issued a directive to all staff to include the 10-question drinking history on all charts. By March 31 of this year, histories were appearing on 59% of charts.

Dr Rosett said he is currently testing an educational package for doctors on FAS, including a slide presentation.

Three's still your limit, says BMA science board

LONDON — The British Medical Association is sticking to its "three's your limit" rule on alcohol, on the advice of its board of science.

In a recent report, the board said there are detectable pathological changes resulting from drinking at much lower levels of consumption than has been hitherto suspected.

This emphasizes even more, said the board, the need for people to restrict drinking to the "rule of three" — three pints of ordinary beer (2% to 3% by volume), or three double measures of spirits each day (a single measure is five sixths of a fluid ounce), or two-thirds of a bottle of table wine.

The council of the association agreed: there should be greater awareness of levels of alcohol consumption and the need to intervene early when problem drinking is recognized it said.

The BMA is also continuing to emphasize that driving skills are affected by even a small intake of alcohol and reiterates its recommendation: "If you drink, don't drive."

Hopeful fathers told not to smoke

Sperm-tobacco syndrome?

EDINBURGH — A research team here reports smoking may damage sperm and thus reduce fertility.

The group, headed by Professor H. J. Ebans, examined the sperm of 43 smokers and 43 non-smokers attending an infertility clinic.

They found the non-smoking group had an average of 58% normal sperm compared with the 53% in smokers.

One member of the team, T.

B. Hargreave, of the Western General Hospital, Edinburgh, said although the sample was small there was still reason to advise hopeful fathers not to smoke.

"If a young man comes into my surgery reeking of cigarette smoke," he said, "I am not surprised if he gives a poor sperm sample."

"The GP (general practitioner) can tell a young couple wanting a family that smoking will reduce their fertility while

giving up smoking will improve their chances."

Dr Hargreave went on to say it was not surprising smoking should have such an effect as spermatogenesis is an extremely sensitive process.

The team is now looking more closely at the effect of smoking on sperm number and on motility.

The report appeared in the *British Medical Journal*, April 1981.

Bureau will stick to lab research

(from page 1)

said he was fired from his position because of his diazepam investigations.

At that time Hoffman LaRoche, the manufacturer of Valium, countered that their product was safe, and the Bureau of Drugs stated there was no cause for concern.

The controversy was renewed in January 1981 when Dr Horrobin spoke at a scientific meeting in Toronto and prepared a press release calling for, among other things, epidemiological studies on diazepam and cancer.

Epidemiological studies, however, will not be part of the government's research. Dr Cook told *The Journal* his bureau is equipped for laboratory research

only. In addition, he said it would be hard to justify the expense of a similar epidemiological study here because what appears to be an excellent long-term survey of many drugs (including diazepam) is now in its eighth year in California.

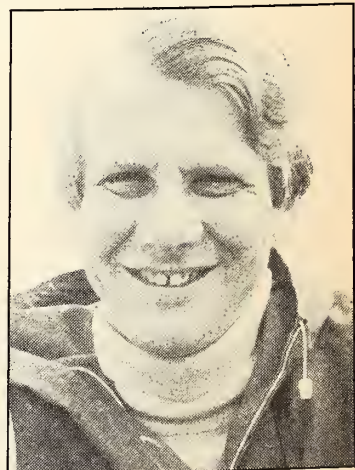
Although the goal of the government's experiments is to close the subject of diazepam and cancer one way or the other, Dr Cook cautioned that will be difficult: "Everybody in research aims at the definitive experiment — the one that decides yes or no. But, unfortunately, science has a habit of being unpredictable. You have to take what comes."

Meanwhile, the manufacturer of Valium is very interested in the government's investigations.

Donald Zarowny, medical director of Hoffman LaRoche Canada, told *The Journal*: "We certainly hope that the results of the work will help to clear up the situation." The company hopes to meet with the government researchers, he said, to "trade pieces of scientific information."

As to whether the recent bad press has affected Valium sales, Dr Zarowny said it was too difficult to unravel that influence from two other factors. During the past decade, cheaper, generic brands of diazepam have sprung up, and there has been an overall decrease in tranquilizer use in Canada.

To Dr Horrobin, in England when this article was prepared, the government's action is welcome. "I'm very happy to hear



Horrobin: new research welcome.

that the government has decided to investigate diazepam," he told *The Journal*.

Keller attacks 'sociological propaganda'**'Stiffer controls wrong way to fight alcoholism'**

NEW ORLEANS — Propaganda against the disease concept of alcoholism — spearheaded by social scientists — has been surprisingly effective and gained political acceptance, charges Professor Mark Keller.

Professor Keller, editor emeritus of the *Journal of Studies on Alcohol*, said many people "who ought to know better" believe the disease concept is relatively new, and that the only reason it was adopted was to keep alcoholics out of the clutches of the law.

Abolition of the idea that alcoholism is a disease leaves doctors with no claim to it and it becomes a social problem, "and the social scientists are the ones to take charge of it. And they are trying to take charge," he continued.

Professor Keller told the National Council on Alcoholism and American Medical Society on Alcoholism meeting here that recently he saw a paper submitted for publication by a professor of sociology at a leading university. It stated: "Ever since the modern alcoholism movement in recent times has sought to classify alcoholism as a disease . . ."

Doctors' clutches

Another paper, submitted by a team of geneticists, contained in the opening paragraph the words "may be due to the recent effort to reclassify alcoholism as a disease and alcoholics as the bearers of the pathology."

Professor Keller, who is an adjunct professor at Brandeis University, said he also recently heard a professor of sociology tell a group of graduate students that the purpose and advantage of

designating alcoholism a disease was that it is more humane than calling it a crime.

Professor Keller said the object of the exercise by social scientists and their minions "is to get alcoholism out of the clutches of the doctors."

"They freely use words they have invented — like medicalization, clinicization — with obvious implications that these are bad, socially undesirable practices, especially where alcoholism is concerned."

They seek more legal controls. "They refer confidently to the Ledermann hypothesis, the distribution-of-consumption theory, the lognormal curve of alcohol consumption, and the conclusion they draw from all that, which is, that if you pass enough control laws to make it inconvenient and expensive to buy liquor, people will drink less, the average alcohol consumption of the population will decrease, and alcohol problems — presumably they mean alcoholism too — will decrease."

Professor Keller said he would not attach the label "neo-prohibitionists" to them, as some do.

"I think they sincerely believe legislative and bureaucratic controls can significantly reduce alcohol problems, including alcoholism."

Professor Keller said it is no accident, but a logical coincidence, that the chief proponents of legal measures to combat alcohol problems are the same people who decry, deny, and denigrate the disease concept of alcoholism. They say alcoholism is not a disease and that:

"The solution of the problem should not be left to the medical-

ists-biologists. The solution should be put in the hands of all-knowing social scientists, the expert formulators of social policy," he added.

Research slowed

Nor is the situation helped by alcoholics who claim that if it were not for alcohol they would not have become alcoholic. They are right, but what they imply is that alcohol itself is the enemy, he said.

Professor Keller said budget cuts proposed in the United States by President Reagan look bad for alcoholism. The "alcohol is the enemy" supporters play into the hands of the budget cutters, who can ask: "Why spend money on treatment and research? Instead, pass tough laws."

Professor Keller said not only is the disease concept under fire, there also appears to be an increase in heavy drinking, especially among youth and women.

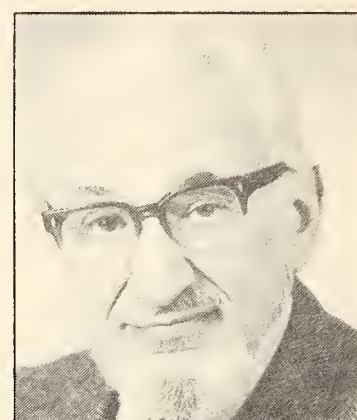
And while more effort is needed in research, training, education, and treatment, "some of our best friends are falling into a trap of those who want to simplify things by making alcohol again the one enemy to be attacked."

The enemy is not alcohol, but what causes some people to drink too much and become addicted, he said.

In the short term, it is discouraging to see the disease concept under increasing attack. However, in the long term, he said, "we have gone through this before."

Not enough has been accomplished to heal the public pain from alcoholism and other alcohol problems, so the "antialcoholists" come forward again and people listen. Yet they will not be able totally to deflect attention from alcoholism.

He predicted the worst will be a brief slowing of progress in research, training, teaching, and



Keller: "I am sure that alcoholism . . . is fundamentally a biomedical problem."

healing. But some day, he said, it will be doctors and biologists who conquer alcoholism.

"I am sure that alcoholism — with its social and psychological components — is fundamentally a biomedical problem."

Chewing tobacco fad takes toll

BOSTON — The snuff and chewing tobacco fad in the United States among those wanting to stop smoking is resulting in a higher incidence of oral and throat cancers, says a new study.

The results show that snuff dipping, where ground tobacco is placed in the cheek, is associated with an increase of four times the risk of oral and throat cancers and a 50 times increase in gum and mouth cancers in women in the southern states.

In the study, reported in the *New England Journal of Medicine**, mortality from cancers of the

mouth and throat was found higher among men in eastern states where more tobacco is smoked and more alcohol consumed. This is not unusual, but the same cancers were found to be common among women in southeastern states and their incidence was greater by 90% than in other parts of the country.

In a controlled study of 255 women and 502 controls, it was found that the excess mortality resulted from the use of snuff.

The trend is ominous because the medical literature in the US

has encouraged use of snuff or chewing tobacco as a substitute for smoking. And tobacco manufacturers have mounted advertising campaigns for such smokeless products, with the result there has been an increase of nearly 50% in production since 1971.

The carcinogen in the snuff is not known, but N-nitrosornicotine, which is also present in smoking tobacco and in tobacco smoke condensate but in smaller quantities, is a prime suspect.

*March 1981, Vol. 304, No. 13.

You're just an ordinary fellow, dear nephew

By
Wayne
Howell



Dear Nephew:

By coincidence, I was just perusing Lord Chesterfield's letters to his son when I received your anguished missive in the post. I daresay I cannot advise you with one half the wit of that noble stylist, but this caveat notwithstanding, I shall do my best.

I am truly aggrieved to hear of your troubles. It appears you now have three months to think about them. Three months is a long time, but it is certainly not as long as seven years, which I understand could have been your unfortunate lot had Canadian law demanded its full pound of flesh for that quarter-pound of Jamaican ganja you foolishly tried to slip past the customs officers at Toronto International Airport.

Such truculence, dear nephew, I have not seen in a letter since your late father wrote to me about my alleged mishandling of grandfather's estate. Now, as then, the indignation leaps off the page, in a manner more literal than figurative.

You are perturbed that the American film actor Sterling Hayden, who was apprehended at Toronto airport in circumstances similar to yours, was let off with an absolute discharge, while you received the ignominy of a three month

sentence. This perturbation, dear nephew, suggests that you have serious misconceptions about the way our system of criminal justice operates. Let me explain things to you:

Hayden was given an absolute discharge because the judge felt that he was an "exceptional man." Because he is an exceptionally good actor, he makes an exceptional income, an income manifestly sufficient to obviate any need for clandestine augmentation. Furthermore — and this is really one of the nicest things about being an exceptional person — he has the wherewithal and the connections to satisfy his personal drug desires on both sides of the border: he has no need to carry the stuff through airport customs.

And so, it is obvious that such an exceptional person's only "crime," should he be apprehended with an illegal drug at a border crossing, is at worst hubris (thinking he is so important the customs officer will want his autograph rather than a look in his shaving kit), and at best laziness (not bothering to set up sources of supply on both sides of the border).

Under the circumstances, therefore, an absolute discharge becomes almost mandatory, if justice is to be done. If we were to incarcerate people because of excess pride or laziness, not only would a good proportion of our legislators find themselves incarcerated, a good proportion of their constituents would also find themselves behind bars.

To be frank, dear nephew, and notwithstanding the protestations of your dear mother, you are not an exceptional person. You are just an ordinary guy who buys a two-week vacation package that he can't afford and then tries to cover part of the

cost by selling an ounce of marijuana to three friends back home. Furthermore, dear nephew, if I may speak frankly once again, you will probably never become an exceptional person because of the kind of talent that Sterling Hayden or Ferguson Jenkins — the major league baseball player who also recently got an absolute discharge — possess. (I know, I know, you always humiliate me when we play chess, but with all due respect to your clever knight and queen gambits, you will never be in the same league as Fischer and Spassky.)

But do not despair, dear nephew. You are familiar with the distinction between necessary and sufficient causes. In our society, talent may be a sufficient cause for exceptional status, but it is not a necessary cause. In our society, the only necessary cause is wealth.

If you were a wealthy man, a man who could if he wished fly back and forth to Jamaica a dozen times in a year and purchase Jamaican cannabis by the kilo in Toronto as easily as in Montego Bay, then there would be no worries about a seven-year stretch for importing four ounces of ganja. If such an exceptional man were caught at the airport with that amount it would obviously be for personal use because such an exceptional person would certainly not need to smuggle drugs to pay for his fun in the sun.

And although the authorities might not be too pleased with the size of the seizure, and might even mumble about a "possession for purposes of trafficking" charge, such an exceptional man could easily afford the exceptional fee of an exceptional lawyer (I note that both Jenkins and Hayden employed Edward Green-

span, one of the finest criminal lawyers in the country) to prove to everyone's satisfaction that it was just a matter of rather exceptional personal consumption — now deeply regretted of course — and it would be ludicrous even to imagine that such an exceptional person would be involved in illegal commerce.

In these circumstances a conviction on even the minor charge of personal possession would be a cruel and unusual punishment in view of the fact that the "crime" was no more than hubris or laziness. Anything less than an absolute discharge would be a gross miscarriage of justice.

So this is my advice to you, dear nephew. If you sincerely desire to have done with these unpleasant episodes at borders, you should concentrate on becoming part of the exceptional class. As heretofore stated, your lack of talent is a problem, but it is not a prohibition. All you really need is money and — here comes the nice part — in our society how you get it is immaterial. (One of the greatest Canadian family fortunes is founded on revenues from smuggling illegal substances across the border in the 1920s.) The important thing is that you get it.

The ancient Greeks considered the Scythian prince Anacharsis a barbarian, but that does not necessarily mean he was without wisdom when he said, circa 600 BC, "laws are like cobwebs, for if any trifling or powerless thing falls into them, they hold it fast; but if a thing of any size falls into them, it breaks the mesh and escapes." Become a thing of size, dear nephew. It is the only way.

Your loving Uncle

NEWS

BC moving out of decade of drug problems?

By Tim Padmore

VANCOUVER — There are no good statistics on illicit drug use in British Columbia, but the statistics there are indicate the problem has eased considerably over the past decade, according to the acting chairman of the province's

Alcohol and Drug Commission (ADC).

John Russell told a conference on drug abuse sponsored by Simon Fraser University: "We are always looking at data many times removed from the problem we are discussing."

For example, the number of

"known heroin users" compiled by the federal Bureau of Dangerous Drugs (BDD) reflects people apprehended by the police and identified as drug users, and people registered for methadone maintenance.

"So far as we can determine, a person stays on the list for 10 years

after the last report of his involvement with the police or treatment, therefore the number is very insensitive to changes in the field."

Despite that, the BDD counts a decrease from 6,692 known users in 1975 to 5,824 in 1979. As a percentage of the national user totals, BC has dropped from 70% in 1970 to 58% in 1979.

A much more sensitive measure, he said, is the number of new users reported to the BDD. The number has plunged: from 1,249 in 1973, to 526 in 1975, to only 28 in 1979.

But Mr Russell cautioned that a shift in enforcement policy must account for some of the drop. Where once enforcement was aimed at the street user and pusher, it is now aimed at all levels of the distribution system.

There is even some evidence that abuse of other drugs is easing. Records of drug poisonings between 1973 and 1979 show sharp drops in the numbers for narcotics (265 down to 63), barbiturates (542 to 331), tranquilizers (938 to 511) and other sedative hypnotics (425 to 305).

Increasingly, legal prescriptions are a source of drugs, said Mr Russell.

"And in the last year or two we have seen a lot more middle class people with prescription drug abuse problems coming into our treatment centres."

Mr Russell described the last decade as one that has seen an increasing expectation that drug

abuse problems should be dealt with by government, rather than by community groups.

Today, the government spends seven times the amount it did a decade ago, and runs virtually all the programs itself through the ADC.

RCMP — guarded optimism

VANCOUVER — He likens himself to a man standing in the middle of the Fraser River with a handnet when the salmon are heading upstream to spawn.

Every time he catches a salmon, Sgt Wayne Blackburn, officer in charge of RCMP (Royal Canadian Mounted Police) undercover drug operations in Canada, is happy.

But he doesn't kid himself that he has wiped out the run.

Despite that, Sgt Blackburn is guardedly optimistic about police success in controlling narcotics trafficking. In an address to a drug abuse conference here recently he cited as his best evidence the increased price and drastically reduced purity of heroin available on Vancouver streets today, compared with five or 10 years ago.

"We have held down the identified users and we have knocked the quality of the cap down."

Sgt Blackburn reviewed the drug scene in Canada and the current challenges to law enforcement.

The profits to be made from the drug trade, and the efforts of authorities to control it, have spurred smugglers to feats of genius, he said.

Favorite methods of importation

- **Heroin:** Police are waiting anxiously for the first of an expected bumper crop of heroin from southeast Asia after two years of drought in the region. The yield could jump from about 160 tons last year to something approaching the 1,600 tons produced in the so called Golden Crescent of Iran, Afghanistan, and Pakistan.

- **Cocaine:** Gaining rapidly in popularity in Canada. The expensive white powder has made kingpins in the trade enormously wealthy and — at least in their home country — almost invulnerable to prosecution. Cocaine comes from Colombia, and although its police forces cooperate with the RCMP, they are under-equipped and under-trained to deal with the problem.

are through the mails or inside a courier's body. "It's very difficult to tell if someone has four or six ounces inside their stomach when they go through customs."

- **Marijuana:** Arrives by the shipload. "I understand it is quite popular in Canada now," he said wryly.

- **Hashish:** From Lebanon. As common in Ontario and Quebec as marijuana is in the West.

- **LSD:** Has made a comeback. Especially popular in high schools. "The availability is unbelievable." There seem to be fewer bad trips than in the drug's heyday in the 60s, he said, and consequently it is becoming socially acceptable.

- **Amphetamines:** Not widely used except in Ontario, where speed is manufactured and distributed by "motorcycle organizations."

Batterers behave like alcoholics

NEW ORLEANS — Battering may be an addiction as is alcohol, and families may react similar ways, suggests Dianne Denk, of Presbyterian St Luke's Medical Center, Denver.

Ms Denk said studies seem to indicate battering is a learned behavior passed on from one gener-

ation to another. Neither alcoholism nor battering are related to social class or profession.

"Families of alcoholics and batterers walk on 'egg shells' maintaining the hope that they won't cause the alcoholic/batterer to drink or become abusive again," she added in her report to the annual forum here of the National Council on Alcoholism.

Families of both accept the blame and guilt, and the responsibility for the behavior of the alcoholic or batterer. Families feel isolated and believe they cannot let outsiders know of the situation.

Reversals of roles differ somewhat within an abused family.

In the alcoholic family, the wife often assumes responsibility for paying bills, working, and cleaning, and acting as both mother and father. The power of the alcoholic within the family is usurped.

In the family of a batterer, the spouse is often reduced in power in order for control to be maintained.

"Both types of women are extremely creative at trying to keep the peace and somehow cope with the system," Ms Denk said.

The alcoholic may drink at home or in public, but most often battering happens in the home. The batterer does not usually abuse other people.

Neither alcoholics nor batterers

will seek help unless the law, or fear of loss of family or job, force them to do so.

Ms Denk said those in the health care system who deal with alcoholics and those who deal with batterers should have a better understanding of the strong connection between the two.

Color pink calms rages

SAN BERNARDINO, CA — People who become violent after drinking or using drugs can often be calmed when placed in a pink-colored environment.

This is the experience of Paul Boccumini, director, Clinical Services, San Bernardino Probation Department. He sees a pink room as more effective than either a padded cell or a straight-jacket for some individuals.

Dr Boccumini says that after violent people are placed in a pink room, they usually stop screaming and pounding on the walls within three minutes. After that, they generally curl up and start sobbing.

Longer detention in the pink room can have adverse effects, however. After 15 minutes the detainee might get headaches, and experience dizziness and difficulty in moving. If he is removed before this time, the calming effect lasts about half an hour, he says.

Dr Boccumini is unsure why pink has such an effect on violent people and believes the treatment must be used sparingly until more is known about it. He suggests the color may decrease secretions from the pineal and pituitary glands and make the body slow down even if a person wants to remain hyped up.

Once denied the ability to rant and rave, adds Dr Boccumini, the subject is reduced to expressing the underlying rage and hurt.

Homosexual alcoholism kept hidden

NEW ORLEANS — Both homosexual men and women tend to deny drinking problems because they view heavy drinking as an acceptable response to an oppressive society.

Peter Nardi, associate professor of sociology at Pitzer College, Claremont, California, said that in addition, "interactions with members of the gay 'extended family' usually occur in bars, at parties, or at dinners when alcohol is present."

"This reinforcement of the leisure time aspects and hedonistic dimensions of a gay lifestyle may contribute to the development and maintenance of a drinking problem."

Dr Nardi told the annual forum here of the National Council on Alcoholism that association with close homosexual friends, plus alcohol, can lead to the situation where the seriousness of a drinking problem is minimized and drunkenness made more acceptable.

It is very hard to admit to a group of friends who gather around alcohol that one has a drinking problem, especially when that person is attempting to solidify a sexual identity and to be accepted by those who are the same.

Dr Nardi added: "This 'family' has allowed the person to be oneself, to be gay. How is the problem drinker now going to admit to them that he or she cannot drink like them; that he or she must reject one of their norms?"

The most immediate impact of problem drinking is on the "significant other" of the same sex. Such a relationship is difficult at best because of the views of society, "and the introduction of a disruptive behavior, such as problem drinking, only exacerbates the situation," he noted.

Dr Nardi said that as with spouses in a heterosexual marriage, the significant other in a gay relationship goes through role reversals, guilt, denial, and other emotional changes.

Many relationships produce conflict over who is in control, and alcohol abuse may alter a potential situation of parity.

Dr Nardi said: "As the lover becomes more comfortable with power shifts, and the relationship mimics the role differences of heterosexual relationships more and more, behaviors may emerge which perpetuate the situation."

"This ensures continued control by one partner. The lover, thus, begins to exhibit 'enabling' behavior, and signs of co-alcoholism."

Dr Nardi suggests treatment of problem drinkers who are homosexual should involve their lovers. "Resources and materials available for heterosexual spouses must broaden to include recognition of the unique issues found in gay relationships."

Dutch fear poisoned heroin

By Pat Ohlendorf

AMSTERDAM — Four people have died here and 25 are still in hospital facing permanent brain damage after using poisoned heroin.

So far, Dutch authorities have been unable to trace the poisoned

drug, which hit the streets during the winter. However, although fear has spread among addicts, most have resumed heroin use.

"It is not unlikely that there will be more victims," Amsterdam psychologist and addictions worker Ernst Buning told *The Journal*.

The main symptoms of the poisoning are disorders in coordination, especially in walking and gripping, and fading of the voice, said Dr Buning.

All the victims had used the drug in the same way — "chinesing," by which the heroin is heated on aluminum foil and the smoke inhaled through a tube.

"Chinesing," Dr Buning told *The Journal*, "is very popular among black drug abusers — natives of Surinam, a former Dutch colony." Most of the victims are black.

Fearing the potential for an epidemic, Dutch authorities have taken several steps over recent months. An epidemiological research team has interviewed both victims and a control group;

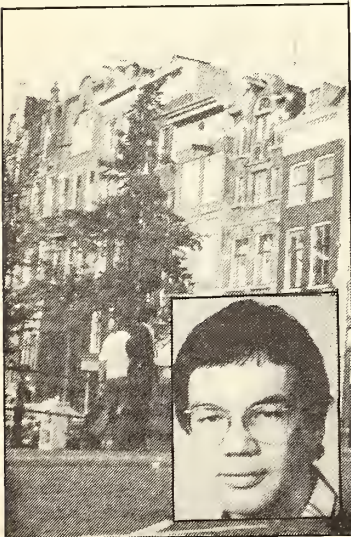
the police, working with experts in the drug field, have been attempting to locate the poisoned heroin; suspicious samples have been analyzed; autopsies have been performed; and international experts consulted.

Also, heroin users have been warned of the danger and encouraged to go to a special crisis centre for screening by a doctor. And Amsterdam methadone programs have lowered their thresholds so that all heroin addicts in the city can switch to methadone temporarily.

"Despite all this," said Dr Buning, "there is still no success in tracing the poison and most heroin users have gone back to their habit."

The 25 patients are currently housed in one ward of an Amsterdam hospital. Several are still on the critical list. In addition to medical treatment, patients are receiving help from social workers in adjusting to the future.

Said Dr Buning: "For some the future will be death, and for others it will possibly be a life with a severe handicap."



Buning in Amsterdam

Youths need safer sniffing tips: UK group

LONDON — It's impossible to prevent glue sniffing, so health educators should be teaching young people to sniff safely, advises the Institute for the Study of Drug Dependence (ISDD) here, in a recently released pamphlet.*

"Casualties, which are relatively rare, result more often from circumstances of use than from toxic effects," the pamphlet states, "and could be further reduced by broadly based health and social education."

Sniffing, it says, is unsafe when a plastic bag is placed over the head, when intoxication occurs in a place where one can fall and injure oneself, or when it is overdone and causes loss of consciousness ("raising the possibility of . . . suffocation due to inhalation of vomit").

Casualties could be avoided if

children were given simple advice on what to sniff, how to sniff, where to sniff, and how much to sniff.

"Glue is the most commonly sniffed substance and it also seems amongst the least hazardous," the report reads. Yet the "hysterical media portrayal" of it and the heavy-handed approach by many adults often "mislead the sniffers into using the more dangerous solvents and push them . . . to sniff in places (building sites, canal banks) where it is more dangerous to be intoxicated."

The approach of health educators to sniffing should be similar to their approach to teenage drinking, the pamphlet recommends.

• "Don't be afraid to point out that some familiar glues, already

commonly used, are relatively safe if used sensibly;

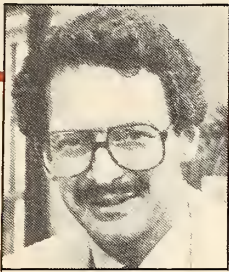
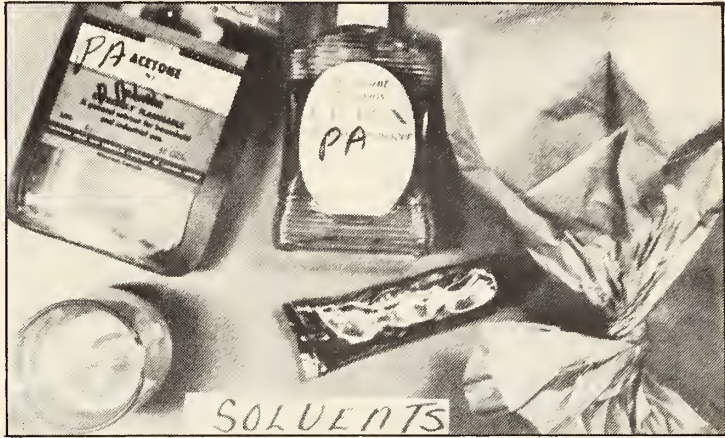
- "As with drinking, advise kids not to intoxicate themselves when it is physically hazardous to do so;
- "Where big bags are being used, advise small. Advise other forms of experimentation with dizziness, eg holding breath;
- "Advise kids not to sniff too heavily, especially when alone;"
- And search for the underlying reasons for sniffing — perhaps boredom, dissatisfaction with school or job, family tensions.

"Glue currently acts as one of the ways in which we express our humanitarian concern for youth, whilst simultaneously shying away from the real problems of kids in the inner city," the report charges.

The pamphlet, written by Nick

Dorn, is being distributed to youth workers, social service departments, education authorities, teachers, police, physicians, and others concerned with health education in Britain.

**Teaching About a Volatile Situation*, Institute for the Study of Drug Dependence, 3 Blackburn Road, London NW6 1XA for information.



GILBERT

"Organizations concerned with the consequences of alcohol use . . . inflate consumption figures . . . the alcoholic beverage industry likes to play the figures down"

The facts on alcohol

By Richard Gilbert

Who puts out the most accurate information about alcohol use and its consequences in Canada?

There are three main sources. One is the federal government, through its information unit, Statistics Canada, and through the Health Protection Branch of its department of health and welfare.

The second main source is the recently formed Statistical Information Section of the Addiction Research Foundation (ARF), an agency of the government of Ontario.

The third is the alcoholic beverage industry, whose corporate organizations — the Association of Canadian Distillers, the Brewers Association of Canada, and the Canadian Wine Institute — occasionally provide information together or separately about alcohol sales.

Report

During the past year, each of the main sources has produced a description of what is happening to alcohol consumption in Canada. The federal government seems to believe alcohol use is increasing. The Addiction Research Foundation says it is pretty much constant, and has been that way since the mid-1970s. An industry report suggests a decline in consumption is under way. Whom should we believe?

Statistics Canada and Health and Welfare Canada together issued a *Special Report on Alcohol Statistics* in March 1981. The 44-page English section is half text and half table or illustration. It has three chapters — I: Alcohol consumption patterns; II: Alcohol-related problems; III: Alcohol treatment programs — and an appendix with the title "Psychiatric inpatient treatment programs."

On the question of trends in alcohol use, the Special Report says this: "A primary trend in alcohol behavior over the most recent decade has been that of escalating national consumption."

Supplement

The main publication of the ARF's Statistical Information Section is the *Statistical Supplement to the Annual Report of the Addiction Research Foundation*. It is a weighty document comprising more than 200 pages, most of which contain

tabular information. About two thirds of the Statistical Supplement concerns alcohol; the remainder concerns other drugs. The substantive sections are entitled: Statistics on Alcohol; Ontario Regional Statistics on Alcohol; Statistics on Narcotics and Other Drugs; Statistics on Tobacco; Statistics on Student Drug Use; Statistics on the Clinical Institute of ARF; and International Alcohol Statistics.

The *Annual Report of the Addiction Research Foundation for 1979-80* will be issued this month. The Statistical Supplement to the previous year's report was already mentioning a "levelling off" in consumption.

It is remarkable that two respected government sources provide different comments on what is happening to alcohol use in Canada. More remarkable is the fact both documents appear to be based on the same primary data, namely the regular Statistics Canada publication *The Control and Sale of Alcoholic Beverages in Canada* and the various estimates of population provided by Statistics Canada.

Consumption figures

The actual consumption levels contained in the two reports for the period 1974 to 1979 are given below. Both sets of numbers refer to average consumption in gallons of pure alcohol by people aged over 14 years for the respective years ending March 31.

	1974-1975	1975-1976	1976-1977	1977-1978	1978-1979
Report	n/a	2.53	n/a	2.56	n/a
Supplement	2.47	2.45	2.45	2.49	2.48

The minor discrepancies in comparable figures probably exist because the Report's averages are based on population estimates for June 1 of each year, whereas the Supplement's averages are based on population estimates for October 1 — the mid-point of each year in question. One of the virtues of the Supplement is its section on Technical Notes, which describes how many of the estimates were derived.

The *Industry Report* appeared in June, 1980, published by the Association of Canadian Distillers. It portrayed average consumption by Canadians aged over eighteen years for each of the calendar years 1975 to 1979, in gallons of pure alcohol per year, as follows:

	1975	1976	1977	1978	1979
Industry Report	2.98	2.99	2.97	2.92	2.77

The *Industry Report* was the subject of a *Globe and Mail* article with the headline "Is Canada going dry?" The reported decline in alcohol use of 7% from 1978 to 1979 in the *Industry Report* is not necessarily inconsistent with the different picture portrayed in the Statistical Supplement. It is merely improbable.

Slight increase in use

My own informal estimation of Ontario's consumption in 1979-80, based on the data sources used by the compilers of the Statistical Supplement, produced an average of 2.53 gallons per person over 14 years — identical to 1977-78 and 1978-79, and within 0.04 gallons of what it has been every year since 1973-74. I estimated a very slight increase in average consumption from 1978-79 to 1979-80 in the four western provinces — from 2.59 to 2.63 gallons. Also, Prince Edward Island and New Brunswick together showed a slight increase — from 2.09 to 2.10 gallons. I do not have firm data for 1979-80 from Newfoundland, Nova Scotia, and Quebec, but it seems that unless consumption in these provinces fell precipitously in 1979 — by about 25% — the figures in the *Industry Report* are quite unrealistic.

In an attempt to explain the discrepancy, Manuela Adrian, head of ARF's Statistical Information Section, attempted to rework the figures in the *Industry Report* in order to understand the assumptions used in the estimates of alcohol consumption. She had no success. The industry estimates of population bore no relation to reality.

Advocacy and polemic

Whom do you trust? Well, my most recent foray into the matter of how much are we drinking leads me to have more faith in ARF's view of the world than that of the federal government or the alcoholic beverage industry.

It is in the nature of governmental and other organizations concerned with the consequences of alcohol use to inflate consumption figures. That way they stay in business. Conversely, the alcoholic beverage industry likes to play the figures down — except to prospective

shareholders — in the hope public concern about excessive alcohol use will remain dormant. All credit to ARF's Statistical Information Section for giving the facts on a topic about which truth is too often a victim of advocacy and polemic.

Cheap alcohol

Alcohol consumption appears to be essentially constant in Ontario, and rising very slightly in some other parts of Canada. How can this be reconciled with the frequent views that the real disposable income of Canadians is falling? People are supposed to spend less on alcohol when they have less money to spend.

The answer seems to be that the disposable income of Canadians rose by just a smidgen less than the inflation rate in 1979, whereas the increase in the price of alcohol was three or four percentage points less. As a result, alcohol was cheaper in real terms in 1979 than in 1978 (actually 3.25% cheaper). Thus we should not be surprised that there was a slight increase in consumption across Canada in 1979, even though people had a little less to spend in real terms than in the previous year.

Average or typical?

Incidentally, why all this talk about gallons of pure alcohol? Gallons, or even litres, are more like something you put in your gas tank than in your mouth. How much is 2.53 gallons (11.5 litres) of pure alcohol a year in meaningful terms?

The answer is close to two drinks a day, given that a standard drink of beer, wine, sherry, and liquor each contain about 13 grams of pure alcohol. But this does not mean the typical Ontario resident aged over 14 years has been knocking back two alcoholic drinks every day since April 1, 1973. Probably just 13% drink this amount, with 27% drinking more and 60% drinking less. The average consumption is kept up by the relatively few individuals who drink excessively. The typical Ontario adult, if there is one, takes an average of one alcoholic drink a day, more likely having two or more on some days and none on many others.

Next month: Treating drinking drivers.

NEWS

Heavy tobacco/pot use continues in pregnancy

By Austin Rand

OTTAWA — Pregnant women have a harder time giving up heavy tobacco or marijuana use than giving up heavy alcohol consumption, an Ottawa group has found.

The findings are part of a con-

tinuing set of studies headed by Peter Fried, professor, department of psychology, Carleton University, Ottawa, and adjunct professor, department of obstetrics and gynecology, University of Ottawa.

They are based on data supplied by 217 mothers-to-be who agreed to describe their nutritional and drug habits in detail.

An initial interview and follow-ups in each trimester were conducted, with a focus on finding out how use of three soft drugs — alcohol, nicotine, and marijuana — was affected by pregnancy.

The 217 volunteer subjects were divided into four groups with respect to pre-pregnancy use of alcohol: abstainers (4.6%), light drinkers (24.4%), consuming on average less than .14 ounces daily; moderate drinkers (52.5%), consuming up to .85 ounces daily of absolute alcohol; and heavy social drinkers (18%), consuming more than .85 ounces daily of absolute alcohol.

Roughly speaking, notes Dr Fried, “.85 ounces would be contained in a bottle and a half of Canadian beer, two glasses of wine, or two highballs.”

Alcohol consumption definitely decreased when women learned

ascertained, from 53% of the women to 33%, and remained there.

Heavy social drinking was also affected. While 18% were heavy social drinkers before pregnancy, this dropped to 7% in the first trimester and then to 3%, where it remained.

In other words, by the second trimester, 87% of heavy social drinkers had reduced their level of habit. Two-thirds became moderate drinkers.

In this group of pre-pregnancy heavy alcohol users, however, binge drinking — having three or more ounces of alcohol on one occasion — declined very little despite the lower daily average intake of alcohol. Sixty-eight percent had binged in the year prior to pregnancy, and 54%, 56%, and 60% continued to do so in the first, second, and third trimesters.

Use continued

On the other hand, moderate drinkers pre-pregnancy were able to reduce greatly their binge drinking. While 34% indulged in binges pre-pregnancy, only 10% did so while pregnant.

Of the 59 women reporting

binges, 25 drank predominantly wine, 16 predominantly hard liquor, 16 mixed their drinks, and only two drank beer predominantly.

Beer was not a popular drink with the Ottawa women at any time, and women who normally drank some beer were much more likely to abstain from it completely (41%) than wine-drinkers from wine (19%).

Cigarette consumption was classified according to nicotine intake. Prior to pregnancy, 69% of the 217 were non-smokers, 17.7% were light smokers (less than 15.9 milligrams daily nicotine), and 13.3% were heavy smokers (16 or more mg daily). Of the 150 non-smokers, only one started to smoke during pregnancy.

Of 38 light smokers in the study, 13 gave up smoking in the first trimester and five more gave it up in the last two trimesters, ie, nearly half quit during pregnancy.

Only one in 10 heavy smokers, however, managed to kick the habit; 60% did not change their patterns of use.

Only 20% of the women used marijuana in the year prior to pregnancy. With pregnancy, the

great majority restricted their habit to a lower level, except among seven heavy users, where one became an abstainer but four continued heavy use.

Only one of 44 who reported some marijuana use was over 32 years. In fact, for all three substances, users tended to be lumped in the 25 to 32 age group.

“Interestingly,” says Dr Fried, “there was not a disproportionate number of users among the younger members of the sample.”

Binge drinking

Dr Fried concludes that though women in the sample decreased their soft drug use when they found out that they were pregnant, “a significant minority continue use at levels that have been shown to affect the offspring. Heavy smoking, possibly heavy marijuana use, and binge drinking of wine and liquor appear to be the pre-pregnancy soft drug habits that are least likely to change during pregnancy.”

Dr Fried is co-author, with Dr Harry Oxorn of Ottawa Civic Hospital, of a book on smoking during pregnancy (*Smoking for Two: Cigarettes and Pregnancy*.)

Cirrhosis in women is up

LONDON — Women seem more susceptible to developing alcoholic liver disease than men and thus should drink less.

That's the advice of investigators at the Liver Unit, King's College Hospital.

They report in the *British Medical Journal* that the epidemiologic pattern of alcoholic cirrhosis is changing from a disease of middle aged and elderly men to a disease predominantly of women. Four times as many women were admitted to hospital

with the disease in 1977 as in 1970 in the United Kingdom.

The report suggests the risk of cirrhosis appears to be increased in women who drink daily more than 20g of alcohol, compared with 60g for men. Why a woman drinking only half as much as a man still develops cirrhosis is also begging to be answered.

The investigators explain that women have a greater proportion of body fat than men (33% as opposed to 21%), which, because

of its relatively poor blood supply, takes up alcohol less readily, thus giving women a smaller distribution volume for a given body size.

The group advises that women should be included in employment-based screening programs for cirrhosis, and that doctors should be more aware that women presenting with non-specific abdominal symptoms may have liver disease.

*April 4, 1981, Vol 6270

Manitoba group says no to grocery store wine

By Manfred Jager



WINNIPEG — An inquiry into liquor control in Manitoba has recommended raising the drinking age in the province to 19 from 18 years of age, and eliminating a 7 am to 10 pm ban on liquor ads on radio and television.

Grocery sales

The report, commissioned by the province's Progressive Conservative administration of Premier Sterling Lyon 14 months

ago, took almost twice as long to complete as expected.

Running to 200 pages, the report has also come out against the sale of beer and wine in grocery stores — one of the marketing options the commissioners had been asked to examine.

Other recommendations include:

- a study to determine if a small number of private specialty wine stores would be viable;
- distribution of photo identification cards to people reaching legal drinking age;
- government funded education campaigns promoting moderate drinking;
- elimination of present regulations, ordering beverage rooms to close from 6:30 pm to 7:30 pm;
- making premise owner and host of social events jointly responsible under occasional liquor permits, and raising the price of drinks to discourage consumption;
- a study to determine the medicare, car insurance, welfare, and police costs of alcohol abuse in Manitoba;
- elimination of beer price reviews by Manitoba's public utilities board.

When set up under Winnipeg architect Mel Michener in February 1980, the committee was

asked to examine the sale and distribution of liquor, licensing and enforcement, appeal procedures, advertising, pricing, and regulation of the industry. At hearings last May, the committee received more than 90 submissions from business and community groups.

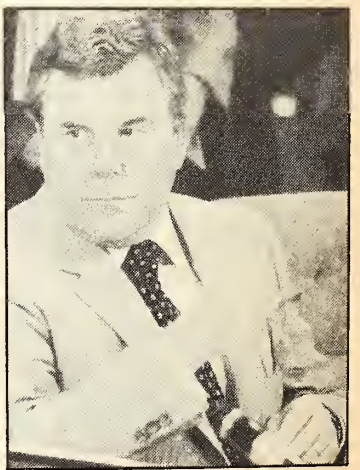
Fire regulations

The committee also recommended stripping the province's liquor commission of its power to regulate licensed premises on decor, seating, space requirements, health standards, and fire protection.

Fire, health, and building regulations should be supervised by provincial and municipal authorities, the committee said. The liquor commission should merely control sale and consumption of alcoholic beverages.

Manitoba Attorney-General Gerry Mercer indicated after release of the report the document is not likely to result in new legislation during the current session of the provincial legislature, which is expected to end within weeks.

Manitoba's Premier Lyon: report recommends reduced power for province's liquor commission.



Confrontation takes courage

WELLINGTON, NZ — The confrontation technique of treating alcohol and drug abusers requires honesty and courage on the part of the counsellor.

“If you are worried about your self-image, forget it. If you are not, use it — you may save a life,” says Duncan Dakers, a senior caseworker with the New Zealand National Society on Alcohol and Drug Dependence.

Mr Dakers told the society's 1981 summer school here: “It would be truthful to say that those of us who have used this technique are sometimes pla-

gued with self-doubts and it is also true to say that patients who have subsequently made a good recovery and have a quality sobriety are the first ones to say: ‘The reality of what you said and the kick in the pants that you gave me was just what I needed.’”

Mr Dakers said his own return to sobriety began when he was brought to a clinic of the society which now employs him by a good friend who said: “You're a bloody alcoholic and you need treatment.”

He said the purpose of confrontation is “to achieve a

breakthrough in the colossal denial which prevents the dependent person from seeing what, to those of us who work at the grassroots level, is the relationship between the dependence and the problems and agonies it produces.”

He added that before beginning a session, the therapist needs a lot of information from the patient, his family, or employer. The therapist must also gain the patient's confidence and, regardless of what is said, the patient must know the therapist cares and offers hope of recovery.



USSR's failure in all-out drink war sheds useful light

By Thomas Land

GENEVA — Lessons learned from a series of campaigns to reduce the disastrously high drink consumption in the Soviet Union may well prove invaluable to the architects of a United Nations program intended to combat alcoholism in industry worldwide.

Few countries have done more than the Soviet Union aimed at conquering alcoholism at home, and few have failed more miserably in the process. But the national effort has at last opened a floodgate of apparently unrestricted data and comment published by Soviet specialists and coming from the worried employers, parents, and spouses of the primary victims of alcohol abuse.

The Soviet experience now helps shape the UN program against alcoholism projected on a global scale. Significantly, the problem equally affects both sides of the world divided by the poverty gap.

The major forces behind the worldwide campaign are the International Labour Office (ILO), which blames a third of all industrial accidents on drink (*The Journal*, Mar), and the World Health Organization (WHO), which regards alcoholism as one of the biggest public health problems.

Combined effort

These two Geneva-based organizations and several key specialist non-government agencies are seeking to bring employers, trade unions, and governments together in a combined effort to reduce alcohol abuse.

Specialists concerned with the UN scheme study the Soviet experience with great interest. For a long series of Soviet campaigns against alcoholism has also sought to exploit the combined power of government, employers, and trade unions — and failed. Where have they gone wrong?

Many authoritative social sur-

veys compiled by Soviet experts agree on the ruinously accelerating scale of the problem that may now have reached proportions beyond control.

A reliable estimate of 37% of the male work force in the country, including the vast Islamic regions, now abuse alcohol regularly, compared with 11% in 1925. More than 90% of the total population is believed to have started regular drinking under 18 years of age (16% in 1925). Drinking is now blamed for half the national divorce rate as well as 96% of hooliganism, 68% of aggravated murders, and 67% of rapes leading to conviction.

The campaigns to confront alcoholism are constantly intensified. Current proposals include steeply increased fines for producing, selling, or consuming home-distilled vodka, and the denial of coveted holidays, promotion, or even employment to heavy drinkers. The public education drives exploit the mass communication media and even include wall-posters used to ridicule individual drunkards.

Private tolerance

The courts hand out tough sentences for offences even remotely associated with alcohol abuse. Unions and management are united in unofficial industrial "courts" to caution, discipline, or help problem drinkers.

Beyond the surface of public

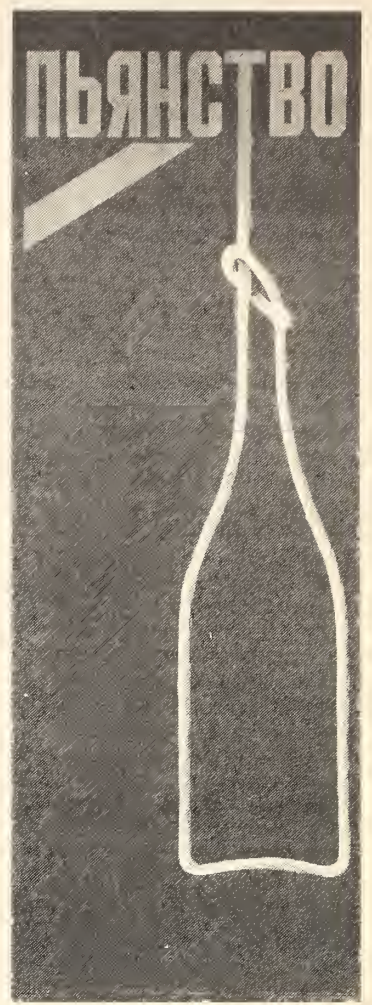
performance, however, runs the cynical contradiction of private tolerance, approval, and even exploitation of drinking. The retail trade is under instruction, for example, to encourage the consumption of soft drinks and quality wines instead of vodka, but it does nothing of the sort because the sale of the relatively expensive hard drinks helps stores and restaurants meet their steep profit targets.

The immense medical, industrial, and social cost of alcoholism is paid by a population that has discarded much of its previous self-restraint along with its traditional cultural values, according to one esteemed Soviet authority writing in the specialist press.

'Higher things'

A useful piece of Soviet advice to the ILO/WHO planners and national governments likely to cooperate in the global scheme is to foster and build on existing social mores prescribing standards of acceptable public behavior.

As one specialist put it in a Soviet journal, the "spiritual emptiness" of his country's post-war generation is largely to blame for its widespread alcoholism, "for we know that the bottle holds no appeal to a person with a healthy awareness of himself as an individual and who enjoys a sense of higher things."



Mass media defeated, too.

Alcohol, not cannabis, is real threat in India

By Pat Ohlendorf

TORONTO — In India, marijuana has had a long history of traditional, recreational use and has created few social or health problems. The growing use of alcohol, however, is cause for concern, says psychiatrist Davinder Mohan of the All India Institute of Medical Sciences in New Delhi.

"Cannabis has been with us for a much longer time than it has in the West," observed Dr Mohan. "It has a culturally defined role, its effects are well known, and people have learned how to handle it. It performs the kind of role that alcohol performs in your culture."

"But in the West, cannabis is a new substance, and therefore it is perceived as a problem" — with some justification, he adds, for the cultural contexts of use are different.

"The physical and psychological effects of cannabis are the same in both cultures, of course, but the impacts of those effects are different. In the agrarian setting in India, where cannabis is most widely used, a certain amount of psychomotor incoordination isn't really significant. It's a different story if you are driving a car on the highway here."

Among the rural population in India, says Dr Mohan, people take

cannabis to relax after the day's work, and to whet the appetite. Whether it is eaten as a confection, mixed with water as a paste and drunk, or, less frequently, smoked in a water pipe, cannabis is used in a social — and socially controlled — setting, usually within the family.

Dr Mohan estimates about 50% of the adult male population in India uses marijuana. (Traditionally, women have not indulged in any drugs, except for infrequent use of cannabis on social occasions, he says.)

In the cities, workers who have moved from the countryside use cannabis in their homes in the traditional, socially controlled way.

But a new trend in marijuana use is emerging: among the urban school population and, to some extent, university students, marijuana is beginning to be used in a more experimental, "Western" way.

"After reading in *Time* magazine about what marijuana does, some young people have started smoking it in cigarettes, for example, and among their own peer group, rather than being gradually introduced to it within the family." But, he emphasizes, this pattern of use is neither as common nor as potentially disruptive as it seems to be in North America.

Cannabis is legal in India. In fact, India, a signatory of the 1961 United Nations Single Convention on Narcotic Drugs, is officially exempt from the restrictions of cannabis. "I don't know who the wise man from India was who sat on that commission," said Dr Mohan, "but he pointed out that cannabis is so much a part of our culture that 20 years would be required if we were to enforce that part of the treaty."

The Indian government manufactures and controls the sale of cannabis resin, but most people, says Dr Mohan, use the weed itself



"Alcohol is less a part of the traditional social pattern."

and do not bother to purchase the resin.

The drug that is the real problem in India, he says, is alcohol. "Alcohol worries us. In some parts of northern India the per capita consumption of alcohol has almost reached European levels." And, unlike cannabis, it is less a part of the traditional social pattern.

"In India today very many people consume alcohol only to get drunk. Like your present difficulties with cannabis, this type of alcohol use is something we don't know much about. Therefore it is much more disruptive to us." Increasingly, people dependent on alcohol are seeking help, and drunken driving is becoming a significant problem in cities. (India is working on its own breath analyzer tests.)

"We're estimating that in the next 15 to 20 years alcohol will become a serious health problem."

Dr Mohan attributes the growing popularity of alcohol to the rising standard of living in India. Cannabis is picked in the field, but alcohol costs money and therefore has a much higher social value. "Alcohol is a status symbol drug.

It was the substance that was used by the elite years ago, and as people begin to have more money today, they turn to alcohol."

Compounding the alcohol problem is another Western import: psychotropics. "With the availability of alcohol and the increasing availability of psychotropics like barbiturates, the combination is beginning to produce much more harm — driving accidents, suicide attempts, overdoses, and hospital admissions."

These problems are showing up despite the fact that, just as the Indian government controls cannabis resin, it controls alcohol and psychotropics. Only 10% of the alcoholic beverages annually consumed in India are imported; the rest are manufactured by Indian companies. All psychotropics used in India are manufactured within the country under governmental control, he said.

"Governments must decide, as an economic policy, what they are going to allow as a permissible intoxicant. If alcohol is the substance of the future, then we in developing countries must sit down and seriously discuss it —

what and how much should be made available, and to whom. You can't legislate human behavior. But certainly you don't want to contribute to problem behavior by encouraging it."

Dr Mohan was interviewed by *The Journal* during a visit to Toronto to attend an expert meeting on cannabis (*The Journal*, May) sponsored by the Addiction Research Foundation and World Health Organization.

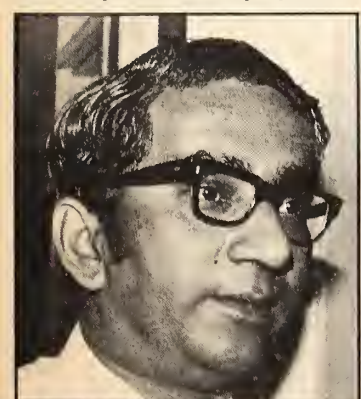
He admitted to feeling like an observer during some of the discussions of health effects of cannabis at the meeting.

"During a discussion of the acute intoxication pictures for alcohol and cannabis, it struck me that it's so obvious to us in India that cannabis has a different intoxication picture than alcohol — that it does produce space/time distortion — but this effect is so common, so accepted, that nobody ever sits down and writes a paper about it."

"But cannabis is a new drug in the West, and it is important to get as much medical and scientific information as possible about it, just as we in India are becoming preoccupied with alcohol, which has a greater social effect in our country."

In Dr Mohan's opinion, cannabis is a "much milder intoxicant than alcohol in terms of disability reaction time and psychomotor impairment after ingestion." Also, the possible health consequences that are beginning to be researched in North America have not been seen in India, he says. There are no clinical data linking marijuana with lung cancer, for example, probably because it is more often eaten than smoked.

As for public policy, Dr Mohan remarks: "With any activity, when its risk-taking and status-symbol value vanishes, it tends to be used much less commonly." This, he says, is as true of alcohol in India as it is of cannabis in North America.



Mohan: "cannabis — much milder intoxicant than alcohol."

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A monthly report for professionals on developments, issues, and events of national and international significance in the field of alcohol and other drugs.

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The debate goes on...

Is call for legal pot 'classic chicanery'?

Richard Gilbert's classic chicanery in his call for legalization of marijuana is too extensive to respond to in its entirety, but at one point, his disregard for the truth cries out for rebuttal.

He writes: "Users remained relatively few until 1961, when the maximum penalty for sharing a marijuana cigarette was increased to life imprisonment. The population of marijuana users doubled during the next five years."

What honesty should have induced Dr Gilbert to point out is that the 1961 revisions cancelled out mandatory jail terms. Until

September 15, 1961, the lowest possible penalty under law for any identifiable amount of anything the law called a narcotic, was six months in jail.

Thus, the last major legislative change before the epidemic was to make possible, as I had urged repeatedly, a non-incarceration penalty for simple possession.

Nobody would argue that eliminating mandatory jail terms caused the subsequent epidemic. But it surely didn't prevent it.

His argument about stiff laws contributing to increased use also fails to recognize the softening of

related laws in 1969, 1972, and 1974.

For his notion that the negative consequences of my breaking the law are somehow the law's fault, while inconsistent with my view, does at least seem to have the support of our federal solicitor-general.

How he expects that government can control quality when illicit manufacture is so simple is a mystery to me.

In any case, I am grateful to **The Journal** for this opportunity to have Alderman Gilbert's view made known.

As is the case with him, the

views expressed are my own, and may not reflect the view of any of the organizations whose consultant I am.

Norman Panzica
Toronto, Ont

Richard Gilbert responds:
My perceptive friend and constituent, Norman Panzica, has hit

on the two paragraphs in my columns on marijuana legislation that my advisors urged me not to include. They were right. Rather than be whimsical about the relationship between use and severity of penalty, I should merely have stated that there is no rational basis for a conclusion on this matter. But surely this error of judgment doesn't deserve such a cutting epithet as "chicanery"?

Nose spray addiction made a liar of me

Regarding the article "Thousands Addicted to Nose Spray" in **The Journal** (April):

Shortly after Christmas this year, I developed a head cold and was stuffed up so badly I could hardly breathe. I went out and bought some nose spray to see if I could get relief. It worked very well. I was using about a small bottle about every three days.

After about three weeks, I was using more and more of the stuff to get satisfactory results. This went on until about April.

At first, I was not too concerned about how long I had been using the spray. I thought it was just a cold that was hanging on. Then one day, my wife said to me: "You're addicted to that nose spray."

I told her she didn't know what she was talking about. I had read the ingredients and could find no reason to be addicted.

When I tried to stop using it, however, I could not breathe. Then I was scared.

It even made a liar out of me. People would ask: "How much of that stuff are you using?" and I'd say: "Oh about a bottle every two or three days." In fact, I was using

by now two bottles a day. Approximately \$5.00 a day.

I finally went to a specialist and he told me I was addicted. I thought he was joking. "Do you know what I do for a living?" I asked him. "I'm an addiction counsellor." His reply was: "You're still addicted."

He gave me a script for another spray that would cure the problem and I'm off the stuff now.

It's so easy to get caught up in addictions. We have to be careful all the time over misuse of anything. I was an alcoholic for years so I understand how dependent we can get.

After I was told I was addicted I came back to work and was told that you had an article in **The Journal** regarding this. I was flabbergasted to see the doctor was not pulling my leg.

I work with the Salvation Army as a counsellor and I thought I knew a fair amount but I see now I know very little. I hope this letter will help someone else who may have this problem and feel embarrassed to discuss it.

Douglas D. Vale
Toronto

Authoritative or slick?

I am a regular reader of **The Journal**. I find it both helpful and stimulating and I commend you for producing what very likely is one of the most authoritative and informative publications on substance abuse that I receive.

Anthony J. DiBenedetto, Chief
Bureau of Drug Education
State Education Department
University of New York
Albany, NY

I think it has been becoming more of a "slick" piece. Occasionally articles lack depth in terminology distinctions. Over the eight years I have read the paper, I think it has slipped in dependability as an objective reporting/information source.

Sisters Charity BVM
Chicago, Ill

We like **The Journal** and usually read all of it, except for articles on nicotine.

It is full of very useful information; its attractive, eye-catching layout keeps the brain from lapsing into distraction.

The Journal welcomes Letters to the Editor. Letters may be sent to The Editor, **The Journal**, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.



BACKGROUND

UNITED STATES NOTEBOOK

Liquor deregulation fever — New York style

By Lynn Payer

NEW YORK — Deregulation fever is raging throughout the United States, and laws which regulate the sales of alcoholic beverages are not immune.

Last fall, New York state seemed to be headed for a broad range of alcohol deregulation measures, from competitive pricing through 24-hour bar openings to wine and liquor sales in grocery stores.

But while wine prices have been deregulated and the wine war continues, state Governor Hugh Carey has backed down from his initial support of the bar openings and grocery store sales. Public reaction against the proposals, as well as the reaction of the state's division of alcoholism and alcohol abuse, was apparently more than he had counted on.

The wine price deregulation resulted from a decision of the state's highest court, the Court of Appeals, on September 9, 1980. Before that, the state had imposed a minimum markup on a price fixed by the wine producers. The Court of Appeals ruled this in violation of the Sherman Antitrust Act, referring to a March 3, 1980, US Supreme Court Ruling on a similar practice in California.

The Court of Appeals was clear that wine prices *could* be fixed, but by the state, not by the producers. Since hard liquor prices are fixed by the state, the decision affected only wine. It precipitated an immediate wine war.

Some stores began selling popular wines at cost, or even below. The smaller, "mom-and-pop" liquor stores claimed the larger



Carey had other things on his mind, while deregulation debate raged about him.

stores would drive them out of business. This may be happening: Lawrence J. Gedda, chief executive officer of the State Liquor Commission says 150 more stores than usual failed to ask for renewal of their licences on March 1 of this year.

For the consumer, deregulation was viewed as an unmitigated blessing. New York City's department of consumer affairs did a study with the New York Public Interest Research group shortly after the court ruling. They found that 68% of wine bottles in large stores and 20% in neighborhood stores were priced below what they would have been had a minimum markup been imposed.

A press release, issued after the study, concluded that lower wine prices do not necessarily lead to increased or excessive consumption. It added, in the next sentence, that tax revenues would not necessarily be decreased since there might be more sales.

"There is no economic justification for price fixing of any commodity — and wine is no exception," said Donald K. Ross, executive director of the New York Public Interest Research group.

Commissioner for Consumer

Affairs Bruce C. Ratner put it this way: "Open competitive pricing is the best deal for customers, no matter what the commodity."

Gov Carey, although he has declared war on heroin, concurred, noting that he did not want to propose legislation that would take away the "good deal for the consumer."

He also proposed that bars be allowed to stay open 24 hours a day, and that wine and hard liquor be sold in grocery stores.

The 24-hour openings proposal was retracted a few days later, with Gov Carey quipping: "If you can't get enough under your belt by midnight, you're not trying." The comment apparently caused his press aides to cringe. The proposal for the sale of wine and liquor in grocery stores was dropped quietly after a fair degree of public reaction and private talks between Gov Carey and the head of the division of alcoholism and alcohol abuse, Dr Sheila Blume.

According to Ronald Tarwater, assistant press secretary to the governor, both proposals were "grossly exaggerated by the media. He said the things tongue-in-cheek."

Said Richard Meislin in *The New York Times*: "Even the best press secretary cannot anticipate what Governor Carey will say when he's in a room full of reporters."

The governor's comments about alcohol laws have, in fact, provided relatively subdued gubernational copy. He has recently married Evangeline Gouletas, who is trying to have her three previous marriages annulled so the Roman Catholic Church will recognize this marriage.

Ms Gouletas had formerly said that her first husband was dead, only to have him turn up in California, and totally forgot to mention her second.

Meanwhile, the state was without a budget for a month, with state employees paid in script.

The general response to questions about what the governor was doing with respect to liquor laws has been: "I think he has more important things on his mind right now."



Popular wines at cost and below: "Mom-and-Pop" stores in jeopardy?

Nevertheless, the Governor has thrown his support behind a bill that would abolish the 12% minimum markups on hard liquor as well as on wine, a bill which will be competing with one that passed the state senate 52 to one, re-establishing a 34% minimum markup for wine and raising the markup

on hard liquor to 15%. The mood of the legislature, in fact, may be more inclined to limit than to increase availability. And three bills introduced by Senator Frank Padavan are given a reasonable chance of passing this session.

One of the bills would raise the drinking age from 18 to 19 years; one would close bars at 3 am rather than 4 am; and one would lower the maximum blood alcohol level for drivers to 0.08% from 0.10%.

A bill requiring insurance companies to offer coverage for alcoholism has already passed. Gov Carey has indicated he might favor the bill raising the drinking age, in part to bring New York into line with neighboring New Jersey.

But deregulation fever is still around. Says Robert Hammond of the American Businessmen's Research Foundation, which keeps tabs on the alcohol control regulation of various states: "Deregulation is going on all over the country — at least talk of it."

When states do allow wine sales in grocery stores, he went on, "wine sales double and triple. If you look at the amount consumed by a state over a period of years, you can pinpoint when grocery store sales came in. Wine is like most other commodities, in that if you increase outlets you will increase sales."

What this will mean in terms of alcohol abuse remains to be seen, he said. "Such measures don't have an immediately measurable effect, such as happens when you lower or raise the drinking age. But I think that an increase in alcohol abuse will eventually show up."

RESEARCH UPDATE/Austin Rand

Moderate smokers slimmest

Moderate smokers — 15 to 29 cigarettes daily — were the thinnest group in a recent Minnesota study of 3,291 healthy men and women aged 20 to 59 years. People with a light habit were slightly heavier, followed by those who had never smoked. Those who smoked 30 or more cigarettes daily were next in weight and ex-smokers were the heaviest. Among men, those who had quit were about five kilos heavier than those with a light or moderate habit. Among women, the difference was four kilos.

Although they weighed least, the moderate smokers, both men and women, had the highest average caloric intake. Ex-smokers' relative heftiness could not be attributed entirely to eating more than the other groups did: they ate the same number of calories, or fewer.

Slow growth in drinkers

Heavy use of alcohol may delay sexual maturation in males, according to data presented at the recent Atlanta meeting of the Federated American Societies for Experimental Biology. Team leader Robert Anderson, Jr, University of Illinois, placed 18-day-old mice on a diet of liquid nutrients. After two days, the researchers added a 5% solution of alcohol to the diets of half the mice. (Day 20 in the life of a male mouse corresponds roughly to the beginning of adolescence.)

At 49 days, half the mice in both groups were examined for degree of sexual maturation. Mice who had regularly ingested alcohol had 25% smaller reproduc-

tive organs and sperm which showed a higher incidence of abnormalities.

The rest of the mice in both groups continued on either the liquid diet or the liquid diet plus 5% alcohol until day 63, well into mouse maturity. By this time, the delaying effects of alcohol seemed to have been overcome. The alcohol-exposed mice showed a trend toward smaller reproductive organs and lower fertility but the differences were no longer significant.

Heroin for pain

Although there is pressure in the United States for heroin to be made available to cancer patients, two recent studies indicate there is very little difference between heroin and morphine, which is already available as a painkiller.

Heroin has a briefer peak of analgesic effectiveness, according to one of the studies. In its favor, heroin has higher solubility than morphine and therefore can be given in smaller doses, making intramuscular injection less painful. Even without heroin, says pharmacologist William Beaver in *Science* magazine, failure to manage cancer pain adequately reflects lack of knowledge on the doctor's part, not a lack of appropriate drugs.

Coffee up, grades down

High levels of caffeine consumption (the equivalent of five or more cups of coffee per day) are associated with significantly lower academic performance among students, say two University of Oklahoma investigators. Also, subjects who obtained the caffeine equivalent of at least one cup

of coffee daily scored higher on trait anxiety and depression than abstainers did and high consumers reported more symptoms of poor health.

Rats choose evening cocktails

Given free access to alcohol, rats in colonies develop much larger intra-individual differences than do rats housed individually, says a study by Gaylord Ellison, University of California, Los Angeles. When moved from isolation to a colony, most rats used to drinking will drink less, but some will increase their level of consumption and "behave toward alcohol as though they are highly stressed." Dr Ellison postulates that dominance hierarchies may be responsible.

Rats placed in a colony situation also change the timing of their drinking. In isolation, they do not drink water or alcohol at any particular time. In a colony, however, "peak periods of water consumption occur just after the hour of feeding, whereas peak alcohol consumption occurs just before feeding and just before the onset of the sleep cycle."

Feeling light-headed

The left hemisphere may be particularly sensitive to the effects of alcoholism, with detectable brain changes occurring even before age 30, say researchers at the University of Nebraska. A group led by Charles Golden performed computerized tomography (CT) scans on 11 alcoholics, average age 29 years, and a group of non-alcoholics of the same age and educational background. In each case, the right and

left hemispheres were scanned separately, in three different planes. On two out of three planes scanned, the left hemispheres of alcoholics were significantly less dense than those of non-alcoholics. Also, density differences between the right and left hemispheres were significantly less among alcoholics than controls.

Alcohol absorption no indicator

The rate at which alcohol is absorbed is not a useful indicator of genetic predisposition to alcoholism, according to a study at University of California, San Diego. Marc Schuckit obtained two samples of 20 men each, aged 21 to 25 years, matched for height-weight ratio, drinking history, and demographic variables. The groups differed only in that one was characterized by family histories which included alcoholism, the other was not. Although young men with alcoholic relatives showed a trend to lower subjective levels of intoxication and developed higher levels of acetaldehyde, the first breakdown product of alcohol, the rise, peak, and fall of blood alcohol levels in the two groups were identical. This demonstrates, says Schuckit, that absorption rate and peak BAL (blood alcohol level) are not indicators of any genetic propensity toward alcoholism.

Austin Rand is a science and medical journalist. He welcomes suggestions for findings that might be described briefly in this column. For references, please contact Research Update, *The Journal*, 33 Russell Street, Toronto, Ontario M5S 2S1.

INTERNATIONAL

Survey nails hard core drinkers

Deadly minority swells drunk-driving carnage

WELLINGTON, NZ — A very small group of drinking drivers — probably about 30,000, or 1.4% of the adult population — may be responsible for at least one-quarter, and possibly one-half, of New Zealand's fatal drunk-driving accidents.

Evidence suggesting this was given by a government scientist to the 1981 summer school of the National Society on Alcohol and Drug Dependence here.

John Bailey, of the chemistry

division, department of scientific and industrial research, said this hard core of drinking drivers was identified by the Ministry of Transport's traffic research section.

A random survey of drinking drivers in the 15 to 24 age range showed that one group consisting of only 11% of the total accounted for nearly half of the drunk driving incidents for the whole sample, Dr Bailey said.

Furthermore, this group drank and drove much more frequently

than any other group and were much more likely to be over the legal blood alcohol limit.

About half of the group were semi-skilled or unskilled workers and nearly all were males. Perhaps the most interesting fact, Dr Bailey said, was that some 30% had been stopped by a traffic officer for a breath test at some time, compared with 7% of the whole male population.

"If we can identify this group and persuade them that it is not

worth their while to continue with their current drinking-driving patterns, then we might be able to reduce the road toll by a quarter," Dr Bailey said.

"We would then find that the remaining drinking drivers who are likely to cause fatal accidents could be reached much more easily and cheaply through a combination of education, publicity, deterrence by legislation and publicity, and rehabilitation for known drinking drivers."

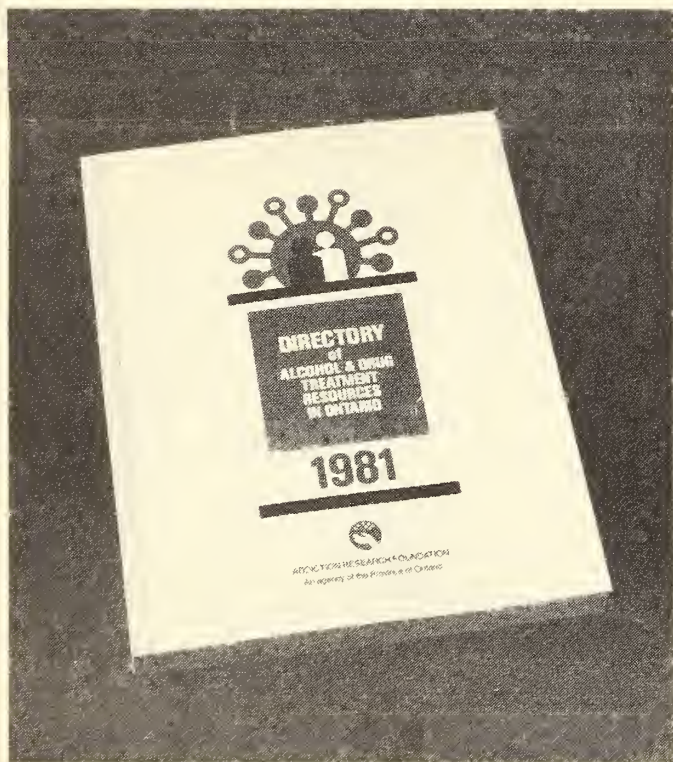
Pat McCarthy reports from Wellington, NZ

on the 1981 summer school of the Society on Alcohol and Drug Dependence.



New directory helps you identify, evaluate, and select

Treatment Centres in Ontario



This valuable directory is a listing of over 250 Ontario treatment programs and resources compiled by the ARF's Information Centre from data collected by the Foundation's 31 regional field offices. Separate listings for each program include information on location, hours of service, funding arrangements, client population, nature of service, and description of alcohol-specific programs.

Separate indexing provides access to the material geographically (by town and area), or by program type and client type, as well as alphabetically by the name of the centre or program.

This reference volume is a must for anyone concerned with addiction treatment in Ontario.

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Volunteers' dedication seen as key to higher alcoholism recovery

WELLINGTON, NZ — More effective treatment of alcohol abusers resulted from involving volunteers and other non-traditional resources in the state of Vermont, says the former director of its Alcohol and Drug Abuse Division.

"Although I can't document this through formal evaluation, it is my belief and experience that the pervasive sense of dedication of volunteers leads to a positive binding between clients and volunteers and results in a higher rate of recovery," James Leddy told the 1981 summer school of the New Zealand Society on Alcohol and Drug Dependence.

Further benefits, he said, had been greater outreach capability, more involvement and investment by the community at large in dealing with alcohol abuse, and expansion of services in the face of financial constraints.

Ruralness, isolation, and poverty add special dimensions to the alcohol abuse problem in Vermont, which ranks 48th of the United States in population and 47th in per capita income, Mr Leddy said.

Since both founders of Alcoholics Anonymous, Dr Bob and Bill W., grew up in the state, an AA network existed from the earliest days. Underlying the continuing mutual dependence between volunteers and professionals has been "a special quality of Vermonters: people help one another out. Volunteerism is a way of life in Vermont."

Mr Leddy said implementation of the state's 1978 Alcohol Services Act — which decriminalized public intoxication and called for comprehensive services to prevent and treat alcohol abuse — was predicated on effective use of voluntary and professional resources.

In each of the 14 counties, a lead agency for crisis intervention was designated and consensus reached on minimum criteria. Seven distinct models of detoxification services developed, four of them dependent on "volunteer" (though often paid part-time) and non-professional staff.

In five areas, Mr Leddy said, shelter and care are given in private homes to avoid a long and

perhaps frustrating trip with an intoxicated person. A retainer of \$60 a month is paid, plus a daily rate of \$35 when beds are used.

When private homes are used, clients must be medically screened and lead agency staff are always available as a back-up. Agency staff also establish an ongoing treatment plan with the client before he or she leaves the home.

In some places, even where more formal services exist, private homes are used for women clients because most facilities are spartan and male-oriented, and home care and comfort "often help the woman alcoholic to overcome the double stigma that is often hers."

In the Burlington area, Mr Leddy said, student interns are an invaluable resource, accounting for nearly half the staff of the 10-bed social detoxification program run by the Howard Mental Health Services, the agency he now directs. A bonus is the number who later become fulltime employees requiring little training.

Holy Spirit puts addicts into the 'third heavens' claim church workers

WELLINGTON, NZ — From dependence on alcohol and other drugs to reliance on the Holy Spirit . . . without treatment and without withdrawal symptoms.

This claimed achievement by a small-town Christian community was the subject of an unconventional presentation at the summer school here.

Other speakers on the three-day program described structured programs that used scientifically tested data. But two representatives of the Local Church in Feilding, a North Island town of 12,000 people, attributed their successes in breaking addicts' dependence to supernatural power.

The Rev Norman White said he felt he had been "catapulted into another world" when, without any relevant training or experience, he became involved with addicts.

"We were getting results almost in spite of ourselves rather than because of what we were doing," he said. Drugs were "hardly ever mentioned" to the drug abusers being cared for. "Our priority was

to win them to Christ and the Church and these other things became a bonus along the way."

Mr White spoke of professionals — and the chairman of the Government Caucus Committee on Drugs, Geoff Thompson, MP — coming to see how they worked and professing amazement at the apparent absence of withdrawal symptoms.

He said Mr Thompson asked: "What about that fellow over there — when did he start treatment?" The reply: "Sorry, we don't know anything about treatment."

Graham ("Stumpy") Kerihana, the former dependent who got Mr White involved in the drug scene, told the school he had turned to drugs while a band musician "and overnight I had become a star. I could play stuff like I'd never heard of."

But after getting into gang battles, and a fight with his wife, "Stumpy" said his wife prompted him to turn to Jesus.

"I had this spirit come right inside of me. It went like this —



"Boof." I got the fright of my life. I had been on highs of LSD but this day I had a high which shot me into the third heavens," he said.

Still wearing patchy jeans and a T-shirt emblazoned "DB (a brand of beer) is Food for Champions," he turned up to a prayer meeting at Mr White's ("My spirit was going 'Amen,' my head was going 'No'") and eventually walked in.

"Well that was about five years ago," he said, "but I can honestly testify that I've had no treatment for drugs."

"Nobody told me, 'You need to drop your drugs because you're a Christian now.' If they'd told me that I'd have said, 'Get lost — I'm going back to the pub.'"

By Sean Milmo

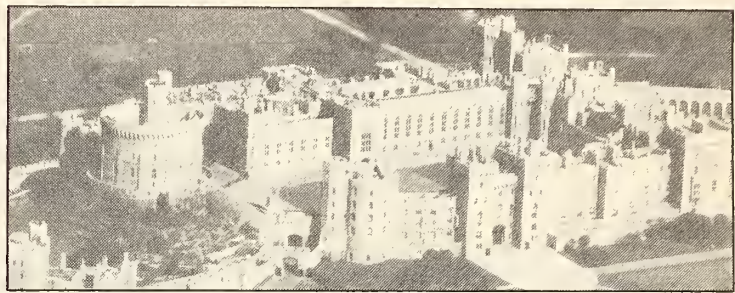
But its main target is the lucrative Middle East market. It is also planning to sell its cigarettes

The market in many Middle East countries is virtually monopolized by the giant international tobacco houses like British

London King Size has been packaged with the Middle East and developing countries in mind.

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The brand has been on sale in Saudi Arabia and other Gulf oil states since late last year and has proved a big success. It has been introduced at prices undercutting the major international brands.



Windsor address lends prestige to tobacco company

Projections

Angel Death

Recommended Use: Recommended for audiences 15 years of age and older, in particular drug users and health professionals. The presence of a resource person is recommended.

Synopsis: In this animated film smoking is trivialized and smokers are ridiculed. This habit

is made to appear silly through an "unglorified" history of smoking. Its origins are traced to the practice among North American Indians of putting dry tobacco leaves in their mouths and lighting them. With Columbus, tobacco was introduced to Europe and this "strange" practice soon became widespread. The idea of smoking appears especially irrational when one considers that "smoking kills." A number of "subjects" express often-heard justifications for smoking. With the help of a "truth machine," however, the real reasons for smoking are uncovered in an unflattering fashion. *General Evaluation:* Good (4.3). This is a contemporary, informative, interesting and well produced film. It has a clear message, and it was judged to be a good teaching aid. It might help in decision-making regarding smoking. Public broadcast and ARF purchase were recommended. *Recommended Use:* This film was recommended for audiences up to fifteen years of age.

General Evaluation: Fair (3.0). The A/V Assessment Group felt that the film raises some important issues regarding marijuana; however, it also considered it to be somewhat one-sided, perhaps condoning marijuana. The film was also rated as being outdated and

Recommended Use: The film was considered likely to be neither harmful nor beneficial to most audiences; however, given the issues that it raises, it may be of benefit to health professionals.

Cocaine Trail

Subject Heading: Drug use —

Synopsis: This documentary film provides an overview of the production, distribution, and consumption of cocaine. This drug is grown illegally in large quantities by the Indians living in the hills of Peru and Bolivia. They grow it partly for their own consumption but it also provides their only source of income. The illegal trading of the drug is traced from these countries to Colombia, and then to the United States. Strong controls have been imposed which have led to the interception of much cocaine; however, large

Recommended Use: This film can be used with any audiences over the age of 8 for general interest. It has very limited use for drug education.

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

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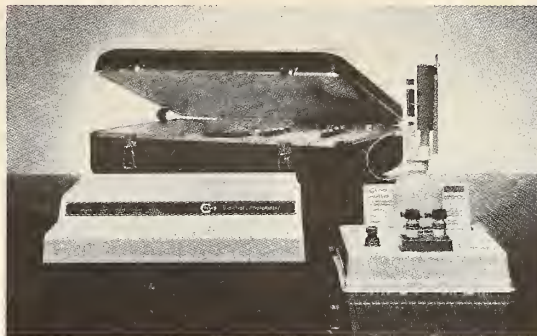
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DEPARTMENT

New Books

by RON HALL

Cannabis In Africa

... by Brian M. du Toit

This book presents a survey of cannabis distribution in Africa, and a study of cannabis use and users in South Africa. The first two chapters contain historical material regarding the herb and its introduction into Africa. Chapters are devoted to the ethnography of cannabis distribution and use in Black Africa; South African government reports, legislation, and the status of the drug; and a description of the province of Natal to prepare the reader for the information concerning growing, maturing, trade, and distribution. Four chapters are concerned with the Africans (rural, urban, and long-term users), Blacks, Indians, and

Whites. The detailed listing of contents gives page references which allow the reader to concentrate on one ethnographic sample population, or to follow certain topics and themes on a cross-cultural basis. Numerous tables provided allow for a comparative picture with cross-cultural reference.

(A. A. Balkema, PO Box 1675, Rotterdam, The Netherlands. 1980. 527p., \$75.00.)

Monitoring The Future: Questionnaire Responses From The Nation's High School Seniors 1979

... by Lloyd D. Johnston, Jerald G. Bachman, and Patrick M. O'Malley

This is the fifth volume in a series which presents descriptive statistical results from a national survey of young people. Each year the study surveys a large sample of high school seniors, located in approximately 125 schools nationwide, and drawn to be representative of all seniors. In 1979, the year covered by this volume, 16,662 seniors in 111 public and 20 private schools participated in the research. The study addresses issues that are broad in scope including: drug use and views about drugs, changing roles for women, confidence in social institutions, intergroup and interpersonal attitudes, concerns about conservation and ecology, and social and ethical attitudes. The 812 questions asked on drugs deal with drug use and related attitudes and beliefs, drug availability and exposure, surrounding conditions and social meaning of drug use, as well as views of parents, friends, and others regarding drugs.

(Institute for Social Research, The University of Michigan, PO Box

1248, Ann Arbor, MI 48106. 1980. 265p. \$20.00.)

PCP: The Devil's Dust — Recognition, Management, And Prevention Of Phencyclidine Abuse

... by Ronald L. Linder, with Steven E. Lerner and R. Stanley Burns

This book is based on a study of 2,000 PCP abusers, court work, and training activities throughout the United States and abroad. Chapters are devoted to a discussion of the nature of PCP, its development and multiple identities, the extent of its abuse, and efforts to control it; the pharmacological novelty of PCP, the patterns of usage, the PCP experience, its effects on the brain and sexual functioning, its impact on the community, and common questions about the drug; and a discussion of the forms and methods of use of PCP and the techniques for managing PCP users. A separate chapter is concerned with guidelines for those working in law enforcement, emergency medicine, community drug treatment, and mental health,

and another chapter deals with legal issues related to intoxication and the role of the expert witness. A concluding chapter stresses essential interactions between human service providers through network building and prevention.

(Wadsworth Publishing Company, 10 Davis Drive, Belmont, CA 94002. 1980. 200p. \$8.95.)

Learning To Live Again A Guide For Recovery From Alcoholism

... by Merlene Miller, Terence T. Gorski, and David K. Miller

This book was developed specifically for use by the recovering alcoholic and draws on the Alcoholics Anonymous approach to treatment. Introductory chapters define alcoholism, present information on the metabolism of alcoholism, outline the stages of alcoholism, and briefly describe the effect of alcohol on the nervous, digestive, cardiovascular, respiratory, reproductive, and muscle systems. Chapters are devoted to the development of psychological, behavioral, and social symptoms. Symptoms of disease and recovery based on the Jellinek chart are presented. Recovery is based on the steps of Alcoholics Anonymous and chapters are devoted to factors complicating recovery: stress; phases of treatment; physical, psychological, behavioral, and social recovery; Alcoholics Anonymous; relapse prevention; and spirituality and recovery. Point form summaries accompany each chapter and a bibliography is included.

(Human Ecology Systems Incorporated, PO Box 126, Hazel Crest, IL 60429. 1980. 256p.)

Order Now — Conference notes from: The San Francisco Conference on Aging and Alcoholism

On March 11, 12 and 13, 1981 a dynamite three day conference was held on the subject of Aging and Alcoholism. Now the text of that conference has been edited and published for the general public. Anyone who serves the geriatric population, or who may have this problem in their own family will benefit greatly from this material. This three day conference combines an experiential and didactic approach to aging and alcoholism that will: 1) enhance readers understanding of their own feelings and attitudes; 2) Provide a broad knowledge of aging and alcoholism including recent research; 3) Acquaint administrators, counselors, nurses and doctors and the general public with process oriented materials; and 4) Enhance the reader's understanding of aging and alcoholism and the complexities of therapeutic motivation.

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VIDEO PROFILE

Employee Assistance Programs



with

Harrison Trice

Given the economic uncertainties of the next few years, this look at the cost effectiveness of employee assistance programming and its benefits to both union and management is particularly relevant.

Harrison Trice, Professor, New York State School of Industrial and Labour Relations at Cornell University, hardly needs an introduction to people concerned with alcohol and the workplace. He has perhaps had a greater influence on employee assistance programming than any other single individual.

In this video interview, Dr. Trice draws on his 30 years experience as an author, researcher, and practitioner in the field. Other key issues discussed include the importance of union-management cooperation and the job performance criteria for successful EAP's.

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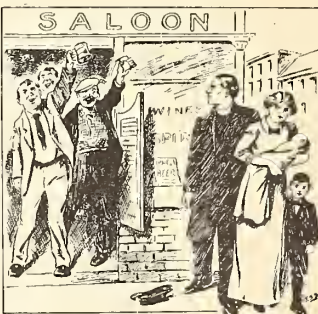
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VIDEO PROFILE

Prohibition Days



with

William Temple

In this sparkling video interview, William Temple — now a vigorous 82 — recalls the days of prohibition as the "happiest, most successful period of Ontario history" when "jails were closed because there was no one to put in them, police forces were disbanded, and treatment facilities went broke".

Mr. Temple voted for the continuation of prohibition in 1919 and is a life long worker for the temperance movement. As secretary of the West Toronto Inter-church Temperance Federation, he takes pride in the fact that his area has remained dry since 1903.

A former member of the provincial legislature — defeating George Drew in 1948 — Temple reflects on the issues of alcohol propaganda, prevention versus treatment, and the politics of alcohol use in our world today.

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DEPARTMENT

Coming Events

Canada

Summer School on Addictions — June 21-26, Charlottetown, Prince Edward Island. Information: Director of Extension and Summer Sessions, University of Prince Edward Island, Charlottetown, PEI C1A 4P3.

15th Canadian Addictions Foundation Conference — July 7-10, St John's, Newfoundland. Information: Vernon Lang, Canadian Addictions Foundation, Suite 1100, 251 Laurier West, Ottawa, Ont.

Annual Institute on Addiction Studies — July 19-24, Hamilton, Ontario. Information: Alcohol and Drug Concerns Inc, 15 Gervais Drive, Suite 603, Don Mills, Ont M3C 1Y8.

Alberta Alcoholism and Drug Abuse Commission Summer School. Adolescent: Not Child and Not Adult — Aug 23-27, Calgary, Alberta. Information: Cal McMillan, AADAC, Community Extension Services, 1177-11th Avenue SW, Calgary, Alta.

Input 81 4th Biennial Canadian Conference on Employee Assistance Program and Alcohol and Addiction Problems in the Workplace — Oct 4-8, Ottawa, Ontario. Information: Ingrid Norrish, Humber College, 205 Humber College Blvd, Rexdale, Ont M9W 5L7.

The Canadian Mental Health Association 63rd National Annual Conference — Oct 15-17, Chatham, Ontario. Information: The Canadian Mental Health Association, 2160 Yonge Street, Toronto, Ont M4S 2Z3.

Association for Advancement of Behavior Therapy 15th Annual Convention — Nov 12-15, Toronto, Ont. Information: Mary Jane Eimer, Executive Director, Association for Advancement of Behavior Therapy, 420 Lexington Avenue, New York, NY 10170.

United States

New Frontiers Third Annual Summer Institute — June 15-19, Milwaukee, Wisconsin. Information: Ms Sandy Ryba, Training Projects Coordinator, De Paul Rehabilitation Hospital, 4143 South

13th Street, Milwaukee, WI 53221.

Third Annual Women In Crisis Conference — June 28-July 2, New York, New York. Information: John P. Scanlon, Scanlon Incorporated, Public Relations and Marketing, 1500 Broadway, New York, NY 10036.

Schools, Youth and Substance Abuse (S.Y.S.A.) — June 29-July 1, Kingston, Pennsylvania. Information: Wyoming Seminary, College Preparatory School, Kingston, PA 18704.

Training School on Alcohol and Drug Abuse — July 6-24, Minneapolis, Minnesota. Information: Mary Simonson, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Committee on Problems of Drug Dependence Inc — July 13-15, San Francisco, California. Information: Dr Leo E. Hollister Veterans Administration Hospital, 3801 Miranda Avenue, Palo Alto, CA 94304.

10th Annual San Diego Summer Alcohol Studies Program — July 13-17, La Jolla, California. Information: Elizabeth Hendrickson, UCSD Extension/University of California, San Diego/X-001/La Jolla, CA 92093.

23rd Annual International School of Alcohol Studies — July 19-24, Grand Forks, North Dakota. Information: Division of Continuing Education, Box 8277 University Station, Grand Forks, ND.

In order to provide our readers with adequate notice of forthcoming events, please send announcements, as early as possible, to: The Journal, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.

The Mid-South Summer School on Alcohol and Drug Problems — Prevention and Treatment — July 19-24, Little Rock, Arkansas. Information: Gwen Briscoe, GSSW-UALR, Little Rock, AR 72204.

The Second Annual Institute on Alcohol and Drug Problems — July 20-24, Los Angeles, California. Information: Health Sciences, UCLA Extension, PO Box 24901, Los Angeles, CA 90024.

The 13th Annual Nevada Substance Abuse Clinic — July 20-24, Reno, Nevada. Information: Carol Blasch, Northern Area Substance Abuse Council, 150 North Center, Suite 213, Reno, Nevada 89501.

Workshop on Chemical Dependency and Adolescents — July 26-31, Minneapolis, Minnesota. Information: Janet Winsand, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Ohio's Sixteenth Annual Teenage Institute for the Prevention of Alcohol and Other Drug Abuse — July 26-31, Gambier, Ohio. Information: Teenage Institute Coordinator, Ohio Department of Health, Division of Alcoholism, PO Box 118, Columbus, OH 43216.

4th Annual Convention of the National Association of Prevention Professionals — Aug 4-7, Overland Park, Kansas. Information: NAPP, PO Box 3969, Eugene, OR 97403.

6th National Conference on EAP's in Higher Education — Aug 5-8, Minneapolis, MN. Information: J.

Johnston, Conference Coordinator, EAP, University of Missouri-Columbia, 215 Professional Building, Columbia, MO 65201.

5th Annual Summer Institute of Drug Dependence — Aug 9-14, Colorado Springs, Colorado. Information: The 5th Annual Summer Institute of Drug Dependence, PO Box 2172, Colorado Springs, CO 80901.

32nd Annual Meeting Alcohol of Drug Problems Association of North America (ADPA) and National Alcohol and Drugs Coalition (NADC) — Aug 19-23, Dallas, Texas. Information: Roger Stevenson, ADPA/NADC, 1101-15th St, Washington, DC 20005.

Abroad

7th Institute on Drugs, Crime and Justice in England — July 7-24, London, England. Information: Arnold S. Trebach, Director, Institute on Drugs, Crime and Justice in England, School of Justice, The American University,

Washington, DC 20016.

International Research Conference on Narcotics — July 26-30, Kyoto, Japan. Information: Hiroshi Takagi, Department of Pharmacology, Kyoto University, Sakyo-Ku, Kyoto 606, Japan.

The International Congress on Drugs and Alcohol — Sept 13-18, Jerusalem, Israel. Information: Conventions Department, Israel Government Tourism Administration, 350 Fifth Avenue, New York, NY 10118.

Sixth World Conference of Therapeutic Communities — Nov 15-20, Manila, Philippines. Information: Peter Vamos, Executive Director, The Portage Program for Drug Dependencies Inc, 3418 Drummond Street, Montreal, PQ H3G 1Y1.

12th International Institute on the Prevention and Treatment of Drug Dependence — March 1982, Bangkok, Thailand. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.

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Block grants: Ottawa going poor

'Social programs—
medicare, hospital
care, post-secondary
education
—will bear the
brunt of budget
cutting'



By Gord McIntosh

TORONTO — While agencies across the United States wait for the federal axe to drop, a quieter fiscal drama is unfolding in Canada as a parliamentary task force figures out what Ottawa can afford for health, post-secondary education, and social services.

With attention focused on energy and the constitution, a debate over federal transfer payments to the provinces has been going on in the background for the past year.

Few Canadians realize that what Ottawa finally agrees to provide the provinces will affect everything from health insurance to day care and welfare.

Strapped with a \$14-billion deficit and rising costs, Ottawa wants the provinces to pick up more of the load of programs for which the two levels of government share responsibility.

To complicate things, it's been four years since a prior system of transfer payments from Ottawa to the provinces was scrapped, mainly at federal urging, for what's known as block grant funding. Under this system, the provinces are paid a set amount for social expenditures with no strings attached.

Now, at a time when such a system is being introduced by President Reagan's administration in the United States, Ottawa isn't so sure block grant funding is saving it money.

Social policy program, coupled with equalization payments to the seven have-not provinces, will account for 21% of the budget this year. Ottawa — with 20% of its budget going to service its debt — will transfer \$13 billion cash to the provinces this year under a financing agreement that expires in April 1982.

Negotiations are supposed to begin formally this fall. But, in the meantime, an all-party task force under the chairmanship of Herb Breau, a Liberal member of parliament from the New Brunswick riding of Gloucester, is currently holding hearings across the country and will be

reporting back to the government.

Finance Minister Allan MacEachen has said cuts must be made — \$1.5 billion in the next two years — in the money it pays out to the provinces. But he will wait for the task force to report before proposing specific cuts.

Mr Breau said he wants to hear from Canadians from across the country on what they expect from health, social services, and post-secondary education, who should pay for them, and how much should be paid.

Groups that would be affected by cuts in the social policy area are worried these days. They should be.

Since Ottawa would be unlikely to negotiate a change in equalization payments, social programs — that includes medicare, hospital care, and post-secondary education — will catch the brunt of budget cutting.

In fact, Mr MacEachen told the task force in April that he wants to chop the \$1.5 billion from social programs. Equalization payments will account for \$3.6 billion this year, while social programs will cost the treasury \$8.4 billion.

But the finance minister said post-secondary education would be a more likely target for the budget knife because there is no link between federal policy and provincial spending here.

"Ottawa is in a squeeze on the expenditure side and the revenue side," Mr Breau told *The Journal* in an interview.

"When you look at the fiscal position of the federal government versus the provinces as a whole, we are much worse off than they are."

With many social programs indexed and income taxes adjusted to the cost of living, Ottawa has been especially hurt by inflation while provincial governments have things like retail sales tax to cushion the blow, Mr Breau said.

"The whole issue is the fiscal balance of the country. There has been a remarkable shift in the fiscal strength of the country."

Donald Savage, executive director of the Canadian Association of University Teachers, sees things differently. "The provinces and Ottawa are going to war and we are the victims."

Ironically, while block funding is being hailed as the answer for federal budget problems in Washington, it has hurt Ottawa. Before 1977, Ottawa and the provinces shared costs of social programs roughly on a 50-50 basis, with provincial treasuries being reimbursed upon submission of receipts.

Today federal payments are tied to the Gross National Product (GNP), instead of actual costs.

It was supposed to be an incentive for the provinces to save money. In the past a province knew that every time it spent a dollar on education, it could get 50 cents back from the government. Now provinces get a set amount no matter what they spend.

The system to some degree worked for the provinces, but not for Ottawa. The provinces restrained spending while Ottawa now contributes much more than 50%. For example, Prince Edward Island actually makes a profit in running its university because Ottawa pays 110% of its post-secondary education costs.

Critics of the scheme also charge that because strings are no longer attached to federal funds, national medicare standards have come down. The situation is also being blamed for health-care "checker-boarding." Some provinces allow "extra-billing" by doctors. Others don't.

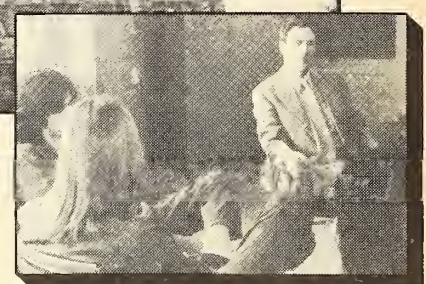
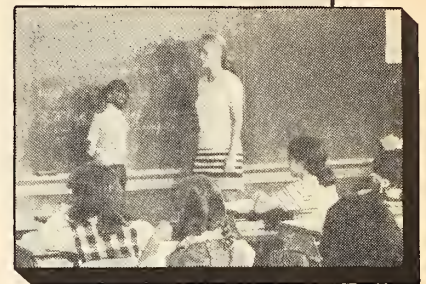


Finance Minister MacEachen: walking the federal-provincial tightrope.

Meanwhile, because Ottawa is more prone to suffer from inflation, its share of the GNP has gone down, while provincial returns have been increasing.

"Somebody has to bite the bullet," said Richard Simeon, director of the inter-governmental affairs institute at Queen's University, adding that there has been a clear trend in the past 20 years showing Ottawa with a declining share of revenue. He says an argument can be made that the trend should be stopped.

The vice-chairman of the task force, Don Blenkarn, Conservative MP for Mississauga South, said that with the GNP no longer growing, an argument can be made that funds marked for social



programs can be adjusted accordingly.

But he said major cuts in the health field and social services field are unlikely because, as the population ages, people will be more prone to require these services.

"I don't really see any possibility of the government saving \$1.5 billion out of health care, nor do I see saving that out of universities unless they stop funding them, and that would create havoc," Mr Blenkarn told *The Journal*.

One recommendation from the task force may be to take block funding one step further, Mr Blenkarn said. He said task force researchers are looking at a system in which Ottawa would get out of social policy areas. Federal income tax would be reduced, while provincial income tax would increase to make up the difference.

That idea is sure to meet opposition from within the task force, however.

Mr Breau and Mr Blenkarn both, to some extent, agree the country is too diverse for health care and social services to be uniform. But Mr Breau said Canada's regions should still "have to have comparable levels of services and some essential criteria. Canadians are going to be more mobile, so you're going to need more portability."

Mr Breau's concern was shared by many early in the task force hearings, including the Association of Universities and Colleges, the Canadian Teachers Federation, and the Association of Social Workers.

Bob Patry, assistant director of the Association of Universities and Colleges, said that as long as provinces receive money without strings attached, social programs will compete with road building and other politically popular things.

"To have any portability, to have similar programs around the country, the federal government has to stay in," said Glennis Gowanlock, a spokesman for the Association of Social Workers.

Mr MacEachen, the man who will ultimately decide what Ottawa will seek from the provinces, said at the April 23 hearing that the provinces might be asked to accept national standards.

"We'll hear on this task force what it is Canadians want," Mr Breau said of the hearings his group is holding from city to city. "Do they want the federal government involved in these areas or don't they?"

THE
BACK
PAGE

The Journal

PERIODICALS READING ROOM
Humanities & Social Sciences

Published monthly by Addiction Research Foundation WHO Collaborating Centre for Research and Training on Alcohol and Drug Dependence Problems

**ADPA
may meet
to cover
NADC gap**

Canada 'will never approve pot'

By Anne MacLennan

OTTAWA — One of the nation's top health bureaucrats believes there's not a chance Canada will legalize cannabis.

Alex Morrison told *The Journal*: "I don't think there's the slightest intention on the part of this government, and frankly I can't conceive of any government legalizing cannabis."

"I think there would be just such a terrible uproar from society that it would not be very feasible, and there's no intention at all to . . . legitimize, legalize, marijuana or cannabis in any form," said Dr Morrison, head, Health Protection Branch, Health and Welfare Canada.

"Under any set of circumstan-

ces, it will remain a criminal offence to be involved with cannabis," he added.

As for Solicitor General Robert Kaplan's repeated indications cannabis might be moved from the Narcotic Control Act to the Food and Drug Act, Dr Morrison said: "That doesn't make it any less criminal at all, but probably has somewhat less stigma attached to



Morrison: "emotions are high."

it than the Narcotic Control Act because the Narcotic Control Act is, I think, in the public perception, believed to be associated with drugs like heroin and opium."

He suggested the government's 10-year history of "stopping and starting and stopping and starting on cannabis reform . . . just indicates the ministers are getting no clear signals from the public."

"Emotions are high on all sides. To do nothing will please many people and displease many people. To move, either a little way or a long way, will displease varying proportions of people. So, it's a situation which still doesn't seem to me to (have) tremendously clear consensus in society."

He said the ministers' intention has been to "try to address the

issue of the balance between the effects on the individual and on society — the health effects of the drug on the one hand and the effects of the criminal law, the criminal record, and all of that, on the other hand."

"Where you strike that balance is where you're deeply involved in political judgement."

"Any movement at all with respect to cannabis is very difficult for government. It takes a good deal of courage because there's just such a polarity within society."

**Morrison talks with
Pat Ohlendorf
The Back Page**

BAL results too loose for court?

By Betty Lou Lee

TORONTO — Are some typical drinking drivers saved by the bell curve and others convicted by it when they come to court?

Fred Glaser, psychiatrist with the Addiction Research Foundation, thinks so. He argues that responses to any blood alcohol level are so variable it is impossible to say retrospectively what effect a given level had on any individual.

But toxicologist Rita Charlebois of the Centre of Forensic Sciences in Toronto argues just as vehemently that more than 0.08% is a realistic measure of impaired driving.

They took part in a panel discussion on the effects of alcohol and drugs on criminal respon-

sibility during the Ontario Medical Association's annual meeting.

Ms Charlebois lectures to police on use of breath testing equipment and, as a frequent expert witness in court, is asked to calculate back from the time a blood sample was taken to determine impairment at the time of an event.

She allowed that the rate of alcohol absorption varies with the type of drink, when and how it was consumed, the amount and type of food eaten, other drugs present, malnutrition, emotional stress, and diseases such as ulcers.

"In social drinking, the peak is usually reached within 15 to 20 minutes after the last drink. Within 40 for sure . . . The literature quotes an elimination rate of 10 to 20 mg per 100 ml of blood per hour. In our work we use 15, and we've found that satisfactory."

"I have no hesitation in saying

that regardless of tolerance, if a blood alcohol level is 0.08%, the faculties required to drive safely would be decreased. I've seen thousands at that level, and tested their judgement, eyesight, and reactions, and they are decreased to some degree. They should not be behind the wheel because of the possibility of an emergency."

Dr Glaser quoted a study of 41 healthy male and female subjects, drinking under normal circumstances, in which the time from the end of their intake to their peak blood alcohol level ranged from 15

to 138 minutes — "an enormous difference." Their rates of elimination ranged from 10.6 to 22.1 mg an hour.

"It is impossible to predict the effect of a blood alcohol level on any individual. The normal distribution of the bell curve . . . allows a bailpark figure. But in the case of an individual before the bar on a serious charge, is that good enough? Some will have values at the tail of the curve."

"Alcohol is one of the most plastic substances known to man, and the way in which different effects combine in an individual is impossible to predict in a retrospective way."

"We still have to leave it to a jury. Science can't eliminate all doubt. I wish we could, and I wish our limitations were taken into account (in courtroom situations)."

Glaser:
Ballpark
figure
enough?



Cigs on way out — like spitting

By Pat Ohlendorf

TORONTO — Cigarettes may someday go the way of snuff and chewing tobacco and be replaced by a new form of tobacco use, Addiction Research Foundation psychologist Lynn Kozlowski suggested at a meeting of researchers here.

"Just as public concern about the health hazards of spitting helped create the shift from chew-

ing tobacco to cigarettes at the turn of the century," Dr Kozlowski said, "similar concerns about second-hand smoke may prove as critical in accelerating the shift from cigarettes."

What form of tobacco might take over in the next century?

"The taste of nicotine-containing chewing gum could be supplemented to make it as richly flavored and tobacco-like as possible," Dr Kozlowski commented. (Nicotine gum, currently sold on prescription in Canada as an aid to quitting smoking, is an over-the-counter drug in Switzerland.)

"If it were advisable, nicotine-containing gum could be used as a less hazardous substitute for cigarettes rather than simply as a cessation aid," he said.

Why has nicotine been so popular for so long?

All forms of tobacco use (pipe smoking in the 1600s, snuff in the 1700s, chewing tobacco in the 1800s, and cigarettes in this century) deliver nicotine to the central nervous system.

"The effects of nicotine are subtle," Dr Kozlowski observed. "It

doesn't seem to interfere with performance; it's rare to find nicotine used as an intoxicating drug."

And in all forms it is addictive. "Many people don't realize" Dr Kozlowski pointed out, "that the famous comment attributed to Mark Twain — it's easy to give up tobacco, he'd done it many times — referred not to cigarettes, but to pipes, cigars, or chewing tobacco."

But fashions change. Although devoted chewers of the 19th century could not have predicted it, today chewing tobacco is a curiosity — confined to a few rural areas or used by a small percentage of smokers trying to quit (*The Journal*, June).

There are three main reasons for chewing tobacco's losing favor, Dr Kozlowski told *The Journal*.

Plug tobacco (used for chewing) became scarce toward the end of the US Civil War. Difficult to store for long periods, it turned mouldy in southern warehouses and was frequently chopped up and converted to pipe tobacco.

Secondly, in the 1880s the

automatic cigarette rolling machine was perfected, allowing cigarettes to be manufactured more cheaply.

And, most relevant to cigarettes today, the germ theory gained widespread credence in the late 19th century. Public concern about the health hazards of spitting led to anti-spitting laws in most cities (Toronto passed a law forbidding public spitting in 1904), which affected sales of plug tobacco.

As chewing went out, cigarette smoking gradually came in, until today cigarettes are, in Dr Kozlowski's view, "a form of fast food."

There are many parallels between the food and tobacco industries, he said.

"In the United States, next to the canning industry, the tobacco industry is the largest consumer of sugar. Flue-cured tobacco can contain up to 20% sugar by weight. In addition, 10% to 30% by weight of the popular cigarette brands, especially in the US, are flavorings — not only menthol, but chocolate, licorice, and artificial rum, maple, and cherry."

INSIDE

Howell on heroin — page 3

Catholics and addiction — page 4

Rock concerts and drugs — page 7

Poland fights alcohol — page 10-11

NEXT MONTH

Harvey McConnell, *The Journal*'s Washington correspondent, is north of the Arctic Circle this month investigating alcohol and other drug use among the people of the far north — natives and "newcomers" alike. His reports from the northernmost point on mainland North America, Point Barrow, Alaska, and from other communities in Alaska and Canada's Yukon, begin in the August issue of *The Journal*.

NEWS

Briefly...

CHICAGO— United Technologies recently became the first corporation in the United States to operate its own half-way house for alcoholic employees. The employees report daily to the nine-room renovated house in New Britain, Conn for up to eight hours of counselling and therapy. They return to their own homes in the area nightly. "It's just like going to work," said James F. Pilkington, director of the corporation's counselling centre. The centre, he said, has reduced the trauma experienced by employees separating from families and jobs for treatment.

BANGKOK — A Calgary native has been given a life sentence here for possessing 725 grams of heroin. While a new Thai law makes possession of 100 grams or more a capital offence, no Westerner has yet received the death penalty. Barry Ackerman, 31, of Calgary, did not have heroin in his possession when arrested, but was convicted on the basis of evidence from two officers of the Royal Canadian Mounted Police and the testimony of Thai police. Wiretaps prove he was planning heroin smuggling with an Australian man and a Thai woman, Thai authorities say.

YORKTOWN, NY — A petition has been signed by 5,000 residents here to keep Phoenix House, the Manhattan-based drug treatment organization, from opening a new centre in the community this summer. The petition says "a drug rehabilitation centre would impose a danger to the safety and welfare of the community" and "have a detrimental effect on surrounding property values." Phoenix House plans an education centre and "drug treatment experience" for 350 recovering addicts from 13 to 30 years old, who must be drug-free to enter the program.

NEW YORK — Doctors and pharmacists here are not complying with a three-year-old generic drug law, and it may have cost consumers \$8.5 million last year. The law requires pharmacists to substitute generic drugs for more expensive brand-name drugs if the doctor indicates on the prescription form that a substitution is permissible. The city's Commission for Consumer Affairs says in 32% of cases studied pharmacists failed to comply with the law.

SAN FRANCISCO — The quarterly, Journal of Psychedelic Drugs, started 14 years ago by Dr David E. Smith of Haight Ashbury Free Medical Clinic, has changed its name to Journal of Psychoactive Drugs. The switch reflects the broader scope of the publication, says editor Leif Zerkin. The periodical's new offices are at 409 Clayton Street, San Francisco, California 94117, US.

Cancer workers reach different conclusions

Research split on pot as anti-emetic

By Harvey McConnell

WASHINGTON — Canadian and United States cancer researchers in clinical trials have reached opposite conclusions about the use of oral tetrahydrocannabinol (THC) as an anti-emetic in patients receiving cancer chemotherapy.

Martin Levitt and colleagues at University of Manitoba found that prochlorperazine was superior to three differing doses of THC as an anti-nauseant, but that THC was associated with less vomiting.

Mary McCabe and colleagues at Georgetown University in Washington found that THC has merit over prochlorperazine as an anti-emetic.

Both reports were presented at the annual meeting here of the American Society of Clinical Oncology.

Dr Levitt said the Manitoba study was of 120 patients assigned to six groups: 5, 10, and 15mg of THC; prochlorperazine; placebo; and no drug.

All of the patients received particularly nauseant cancer

chemotherapy for the first time, including adriamycin and cisplatin. Distribution of age, cancer diagnoses, weight, and other variables were uniform.

They found prochlorperazine was superior to all other five treatments as an anti-nauseant, but that THC at a 15mg dose was associated with the least vomiting.

One patient had to withdraw be-

cause of altered perception produced by THC. Prochlorperazine was associated with most drowsiness and the three THC doses with most altered perception.

Dr McCabe said the Georgetown trial was among 36 cancer patients who had experienced severe nausea and vomiting while under a variety of chemotherapy regimens.

The researchers used a fixed THC dose of 15mg. They found that 23 of the 36 patients reported THC superior to prochlorperazine as an anti-emetic.

Dr McCabe said 19 of the patients reported a "high" from the THC and 17 reported dysphoric reactions — irritability, visual distortions, confusion, and hallucinations.

BC depletes drug fund

By Tim Padmore

VANCOUVER — The British Columbia government this year will drain 60% of the capital from a perpetual fund established a decade ago to fight drug abuse.

The money, \$15.2 million, will be used to finance current operating expenses of the Alcohol and Drug Commission of BC. The rest of the commission's current budget will

be paid by the \$3.2 million in interest the fund earned last year.

The fund was set up in 1971 by then-premier W.A.C. Bennett, who dipped into accumulated surpluses in order to provide a continuing source of revenue to finance drug, alcohol, and smoking prevention and treatment programs.

Little of the interest accumulating in the fund was used until 1979, when the province implemented its controversial com-

pulsory heroin-addiction treatment plan.

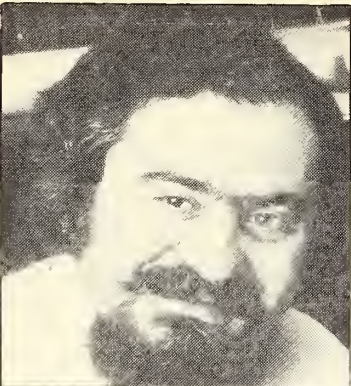
About half the interest was spent the first year to finance the plan, and two-thirds the second year. In the meantime, most compulsory aspects of the heroin plan were dropped.

At the beginning of this fiscal year, the fund stood at about \$25 million. Now its endowment is down to \$10 million.

Health minister Jim Nielsen has offered no explanation of the decision to deplete the fund.

Survey pegs teens with alc problems

NEW ORLEANS — Young teenagers who have problems with alcohol can be reliably separated from their peers, a study by researchers at the Medical College of



Halikas "nobody says stop."

Wisconsin has found.

James Halikas said the survey of 910 adolescents under detention by the Milwaukee juvenile court between Jan, 1980 and Jan, 1981 was able to select three variables in school behavior to predict correctly 94% of the alcoholic teenagers and 90% of the non-alcoholic.

He told the annual conference of the American Medical Society on Alcoholism here they carried out the study because no objective criteria for diagnosis of alcoholism among teenagers exists.

All of the teenagers interviewed — 40% were white, the mean age was 15.4 years, 60% regularly attended school, and 25% came from two-parent homes — were being held in detention because of

theft, break-ins, vandalism, or because they were runaways.

They were given a 15-minute interview in which 100 elements of information were obtained. The survey looked for biomedical complications, school problems, and psychosocial complications.

Among the teenagers aged 12 to 15 years, between 40% and 50% had three positive symptoms of alcohol abuse. In those between 15 and 17 years, about two-thirds had at least two positive symptoms.

Dr Halikas said 20% of those interviewed had memory blackouts. Only 1% of them were picked up at school as having alcohol problems.

Twenty-two percent of the teenagers said their families had expressed concern about their drinking and 13% said drinking

had been the cause of family arguments.

Dr Halikas: "Considering these kids were involved with alcohol, it is relatively unnoticed by their families. I don't know what kind of society they are in, but nobody is telling them to stop drinking."

The researchers found that a positive answer on one of three variables could identify those with alcohol problems: if they ever drank on school grounds, if they had gone drinking while truant, or if they ever missed school because of drinking or a hangover.

The survey found also that many of the teenagers suffered from morning shakes, morning drinking, vomiting, hangovers and hallucinations, and memory blackouts.

Paraquat now proving popular suicide method

WASHINGTON — Paraquat, a herbicide for which there is no antidote, is increasingly being used around the world by people attempting suicide.

Paraquat grabbed front page attention several years ago when it

was used in Mexico to spray marijuana and opium poppy fields. Studies by the United States National Institute on Drug Abuse found that dried amounts would probably not harm smokers.

Dennis Coppel, of the Royal Vic-

toria Hospital, Belfast, Northern Ireland, in the past decade has seen 70 patients who drank a liquid solution of paraquat. Eighty percent of them died. He believes there are thousands of suicides around the world from paraquat ingestion.

Dr Coppel, an expert on critical care medicine who is usually tending victims of violence in Northern Ireland, reported on his paraquat suicide cases at the Third World Congress on Intensive and Critical Care Medicine here.

He told The Journal that while he has never studied the question of paraquat-sprayed marijuana, he believes paraquat sprayed on plants would break down quickly and pose no hazard to smokers.

"But if you were to buy two sachets of paraquat, mix them in a glass of water, and drink the mixture, you're dead. There is nothing we could do."

Dr Coppel said he believes the reason 20% of his patients did not die is they did not take enough of the weedkiller.

Dr Coppel said doctors from around the world at the conference reported they had had paraquat

suicide cases. A Japanese doctor reported on 300 fatalities.

Paraquat suicides are on the increase in Northern Ireland, said Dr Coppel, especially among young girls who drink it after quarrels with parents or boyfriends. "If they took almost anything else we could save many of them. But paraquat is so readily absorbed and has such an affinity for the lungs, that if you take 10 to 15 milligrams it wouldn't make any difference if I got to you in five minutes or five hours."

There is simply no antidote when paraquat is taken in large doses. The lungs gradually seize up, but the brain is not affected. "It is a horrible way to die," Dr Coppel added.

He said he would not like to see paraquat banned because it is a highly effective herbicide, but believes sales should be restricted to licensed users, such as farmers.



Coppel: "nothing we could do."

Police, liquor, aggression

MUENSTER, West Germany — People who act aggressively toward police officers are usually inebriated, concludes a study conducted here.

More than half of the cases of aggressive behavior toward police officers involve males who, it turns out later, have blood-alcohol ratings of .15% to .25%, says Dieter Gerlach, a professor at the police training academy and the forensic medicine institute here.

Dr Gerlach, who has also worked as a police doctor for many years, bases his conclusions on a study of case records in the German state of Northrhine-Westphalia. He maintains police training in dealing with people ap-

prehended should place more emphasis on this phenomenon.

Alcohol, he says, not only precipitates more aggressive behavior but also lowers behavioral inhibitions and respect for state authority.

Aggressive behavior, suggests Dr Gerlach, is caused in considerable measure by a subjective sense of failure in social and economic processes and tends to be directed subconsciously toward institutions and representatives of society. Under the influence of alcohol, these feelings are intensified.

More awareness of these psychological factors would help police reduce confrontations with inebriated offenders and suspects.

NEWS

People die in pain fearing addiction to drugs

TORONTO — Terminally ill patients, particularly those with cancer, face serious difficulties in dealing with their pain because of the reputation some narcotics have as street drugs, says an expert.

Larry Librach, director of the Toronto Western Hospital's

(TWH) palliative care unit, says drugs like morphine are invaluable in relieving intractable pain in people dying from such diseases as cancer of the bowel.

But, he told **The Journal**, they are not used often enough, and the main reason is too many people who would benefit will not take

narcotics for fear of becoming addicts.

His service, staffed by social worker Jane Piccolotto, nurse Linda Gilpin, and chaplain Father Dermot Brennan, was opened three years ago and is available to discharged TWH patients 24 hours a day, seven days a week.

It aims to comfort and advise such people and their families and loved ones. It also helps medical and nursing staff to take better care of dying patients.

Palliative care is fast becoming an acknowledged specialty in its own right "and yet it's amazing how many misconceptions still exist," said Dr Librach.

He cited the use of morphine as an example. "It is one of our most effective pain-killers," he said, "but its use in terminal illnesses continues to be controversial.

"The trouble is, people tend to think of narcotics as something only drug addicts use. And this belief unfortunately applies to many family doctors as well."

But, he continued, used in their proper context — narcotics are in-

Librach: "It's amazing how many misconceptions still exist."



valuable and patients should not fear them.

Devices like Britain's ODAC (on demand analgesia computer) are available to regulate doses automatically, and to supply further medication "on demand." (**The Journal**, June) But Dr Librach felt they are not needed in palliative care.

"Patients can regulate their own doses far more adequately," he added, "and I have yet to come across anyone who abuses pain-killing narcotics."

Hypnosis helps quitters

By Gord McIntosh

TORONTO — Family doctors have too many misconceptions about hypnosis and should try using it to help people quit smoking, the College of Family Physicians of Canada has been told.

Brenda J. Whitney, a resident in family practice at the Sunnybrook Medical Centre in Toronto, said further that hypnosis can be an effective first step — not a last resort — for smokers who are truly committed to quitting.

Dr Whitney presented a paper to the college's annual meeting in Quebec City last month. She came to her conclusions after researching medical literature and attending workshops on hypnosis.

Once considered unscientific by doctors and laymen alike, hyp-

nosis has come to be used in surgery, dentistry, obstetrics, and other specialties as well as psychiatry.

A key to successful use of the technique on smokers, however, is the commitment of the patient, Dr Whitney said. The patient must want to quit smoking totally and forever.

"Just as one drink is one too many for the alcoholic, one cigarette is one too many for the habitual cigarette smoker."

Dr Whitney says the best kind of therapy involves several hours of treatment with hypnotic suggestions tailored to individual smoking habits, intense personal contact, and follow-up by telephone.

"When most of these conditions are met at least half of the smokers who begin treatment stop smoking and remain abstinent at

least six months."

Hypnosis is easily learned and takes only a few minutes to perform, she says. "During a weekend workshop, an amateur can become quite adept at the art of induction."

Although previous studies have concluded there has been mixed success with hypnosis on smokers, Dr Whitney says the variations point to a need for more controlled experiments with the technique.

In future studies, patients should be carefully screened to select only those highly motivated to stop smoking, she said. Motivation is crucial, just as it is with most anti-smoking treatments.

"It is not sufficient that his doctor has advised it, or that his wife and family want him to quit, he must give it up of his own free will."

School drug raids legal

WASHINGTON — School and police officials may carry out surprise classroom raids in search of drugs, and no constitutional issues are involved.

This is the implied decision by the United States Supreme Court, which voted 8-1 to turn down the appeal of a 13-year-old girl who challenged such searches at an Indiana school two years ago.

The Supreme Court decision does not necessarily endorse such raids, but indicates it considers no constitutional issues are involved. A lower federal court ruled that school officials have the authority to order such raids in their role as substitute parents.

The lower court ruled also that use of drug sniffing police dogs in such searches is legal.

Heroin trafficking—something rotten going on

By
Wayne
Howell



According to *None Dare Call it Conspiracy*, a paperback book I picked up a few years ago, the United States is in danger of being taken over by a communist conspiracy. Not a conspiracy directed by the Kremlin — no, no — a conspiracy directed by the people who bankrolled the Bolshevik revolution in 1917, the people who are the real masterminds behind the international communist conspiracy: the Rothschilds and the Rockefellers.

None Dare Call it Conspiracy is the kind of paranoid fantasy one often gets from writers on the fringes of our political life, and I find it hard to imagine a reasonable person taking it seriously.

The credibility of certain other books, however, is more problematic. For instance, I'm currently reading *Testimony*, which purports to be the memoirs of the late Soviet composer Dmitri Shostakovich. A Canadian communist with good connections in the Soviet Union has told me that these "memoirs" were cooked-up by the CIA (Central Intelligence Agency) to embarrass the Soviet Union.

That makes sense to me, because Shostakovich is dead and there is no-one to say that the memoirs allegedly dictated to a defecting Soviet musicologist are not a fabricated piece of "disinformation." The CIA has been known to do this kind of thing before.

On the other hand, a Canadian musicologist, who's opinion I respect, has told me that the memoirs ring true to him, in the light of the music Shostakovich wrote during his lifetime. From what I know of the music, that makes sense to me too. But what is the truth of the matter? In the final analysis, I really don't know what to make of these memoirs.

Nor do I know what to make of the book that is the subject of this column: *The Great Heroin Coup*, by Henrik Kruger.

Kruger is a Danish journalist who has written or co-authored eight books, and

served as a foreign correspondent all over the globe. In *The Great Heroin Coup* he looks at international heroin traffic between the years 1950 and 1979.

Although it is apparent that he writes from the vantage point of the political left he does not, like the author of *None Dare Call it Conspiracy*, fill in the gaps between his facts with paranoid theories. He admits that he is just one blind man tap-tapping and poke-poke-poking at the elephant of international narcotics traffic.

He has tapped and poked in some interesting areas.

Kruger's main area of inquiry is the relationship between intelligence agencies and narcotics trafficking. His data lead him to believe there has been a close relationship since the late 1950s, when de Gaulle recruited Corsican mobsters from Marseilles into an underground hit-squad to eliminate the Organisation de l'Armée Secrète (OAS), the anti-Gaullist secret army organization in Algeria.

The Corsicans' hobby of purifying Turkish opium in Marseilles labs and smuggling it into the United States was overlooked in view of the higher services they were performing for the Gaullist state. By the time the OAS threat had passed, Corsican mafiosi had worked their way into the highest echelons of French intelligence, and when they fanned out to such places as Latin America (a major way station on the "French Connection") they took their intelligence connections with them.

The CIA got involved in the heroin business when it started air-lifting heroin from the Golden Triangle as part of a deal to keep opium-growing Meo tribesmen happy and willing to fight against the Hanoi-oriented Pathet Lao in Laos. For its troubles, the CIA produced an epidemic of heroin use among American soldiers stationed in Viet Nam.

According to Kruger, the "Great Heroin Coup" occurred when Richard Nixon declared war on drugs in 1971. This resulted in the demise of the French Connection, and a shift of the headquarters of the heroin trade from Marseilles to Miami, where the trade became controlled by Italian mafiosi who had been kicked

out of Cuba by Castro, and the various CIA-connected anti-Castro Cuban mercenaries who had been sitting around with nothing to do except the odd little CIA contract in Latin America ever since the Bay of Pigs fiasco.

The upshot of Nixon's war on drugs was a shift of opium purchases from the Near East to the Far East, and a shift of infiltration routes for purified heroin to Latin America where, as luck would have it, the refugee Cubans and their mafiosi partners were also developing a nice little business in another white powder: cocaine.

Kruger lists 21 incidents in the years between 1968 and 1973 that suggest the "coup" was premeditated, was carried out with a definite timetable, and the results were not unexpected.

According to Kruger, the results are certainly not displeasing to the CIA. According to Kruger the CIA and the CIA-influenced DEA (Drug Enforcement Administration) turn a blind eye to the drug smuggling proclivities of their Cuban-mafiosi friends because of the valuable services they provide in Latin America. Their reputations as drug smugglers give them instant "outlaw" status in Latin America and so they are trusted by people who want to buy weapons. They smuggle weapons into Latin America for left wing groups and then turn the guerrillas over to the not-so-tender mercies of the local constabulary.

They also smuggle weapons to right wing para-fascist groups (such as the group that murdered Chilean president Salvador Allende in 1973), but they neglect to turn these groups in to the authorities.

All this trade — drugs out, guns in — takes place under the benign eye of the CIA, according to Kruger. It is a rather messy but practical way of effecting what Kruger sees as US purposes in Latin America: propping up right wing governments and eliminating left wing alternatives, armed or otherwise.

In one case, says Kruger, the CIA used Christian David, a French bank robber de Gaulle had plucked from jail for Algerian "service" who later became a top Marseilles heroin dealer, as an agent

against the Tupamaros guerrillas in Uruguay. Using his French Connection credentials as bait, David negotiated an arms deal with the Tupamaros and then double-crossed them, turning them over to the local police and their American "advisor" Dan Mitrione. (David fled the country and the Tupamaros later murdered Mitrione.)

The attitude that French criminals have to the CIA is certainly interesting: Albert Spaggiaria, a veteran of an OAS assassination attempt on de Gaulle, masterminded a spectacular \$10 million robbery of a bank in Nice in 1965. One year later he approached the CIA for a job in Miami and cited the Nice robbery as part of his qualifications.

Kruger describes a sinister world in which intelligence agencies have developed a symbiotic relationship with criminal syndicates. A few of his references I find a bit suspect — *High Times* magazine, for instance, — but most are "legitimate" sources such as the *New York Times*, *le Monde*, and transcripts of US congressional hearings.

I am familiar with the biographies of some of the principle actors in Kruger's sprawling drama of corruption, deceit, and conspiracy, and his accounts of those persons ring true.

But, in the end, where does all this get me?

It's like Shostakovich's memoirs — I really don't know. Perhaps this is all a paranoid fantasy by a CIA-hating Dane who has conjured up a monstrous psychedelic elephant out of his own fevered imagination, for his own devious purposes.

Perhaps. But for what intelligence and knowledge I can bring to bear on this subject, I suspect that there's something rotten going on, and it's not in the state of Denmark.

If you have any interest in the international trafficking of hard drugs, I suggest that you read this book and form your own conclusions.

The Great Heroin Coup, subtitled Drugs, Intelligence, & Fascism, by Henrik Kruger. Black Rose Books, Montreal. \$8.95 Paperback.

NEWS

Fast sobering-up pill is 10 years away: Noble

By Harvey McConnell

IRVINE, CA — If it were as easy to sober people up as it is to get them drunk, Ernest Noble and his colleagues would have found an answer by now.

As it is, Dr Noble, professor of psychiatry and pharmacology at the University of California at Irvine, believes "it's going to be at least 10 years before one can make dramatic inroads in coming up with agents which will sober people up quickly."

Dr Noble hopes to begin human trials by the end of the year with various substances which have been used in animals and seem to have a reversible effect. But he expects no miracles.

"I don't want to build up any hope we have this compound and then be bombarded by people who think we have the answer."

Dr Noble told *The Journal* that his research efforts over the years have included a search for agents which will reverse the central nervous system (CNS) depressant effects of alcohol. These are called amethystic agents, from the amethystos stone ancient Greeks wore to ward off drunkenness.

He has tested a number of drugs and found some with a degree of efficacy, including naxolone, and the present search has led to ACTH fragments which seem to have these kinds of properties. (ACTH is a hormone which stimulates the adrenal cortex.)

Dr Noble said: "What we are looking for is an agent which can quickly be injected or administered so a person becomes awake and alert, and which overcomes the depressant effects of alcohol. The agent must not be able to become addictive or be misused, and it should have a long, stable shelf-life. Nor should it make a person hyper-aroused after taking it."

"You could call it a sobering-up pill, if you like. Not only would it be used for people rushed to

hospital, but it could be taken by a person who over-celebrates at a party so that he won't create mayhem, as now, on the highway."

His research has been a process of elimination. "We went through vitamins and found many of them completely useless. There were some reports propranolol might help, but in a double blind crossover trial we found, if anything, it causes further depression in CNS function."

Some significant amethystic properties have been found with

L-dopa, which is used to treat Parkinson's disease. High doses of the drug, however, tend to make people sick in the stomach.

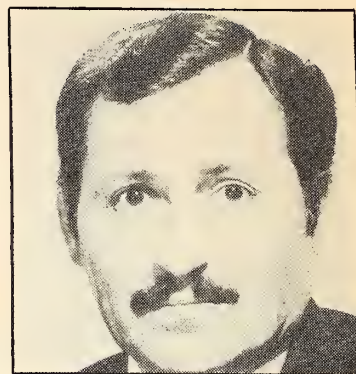
Dr Noble's latest efforts are concerned with peptides, which counteract some of the depressant effects of morphine.

Robert McGiven, a graduate student working with Dr Noble, said they have recently tested in animals two peptides which have antagonistic properties to morphine. These are in the ACTH 4-10 series, (the fourth to 10th

amino acid positions in the full molecule ACTH 1-39.)

So far these ACTH fragments have not been tried in humans. Some specific analogues have been developed but they have not been used as amethystic agents.

Dr Noble said: "We are trying to use naturalistic compounds like peptides. Eventually, as the search intensifies, we are going to be testing compounds which have not been tried before, but it will be necessary to do animal work before we start trials with humans."



Noble: process of elimination

Intoxication defence—it's a tightrope

By Betty Lou Lee

TORONTO — It's a common complaint, if not a source of outrage, when people discuss court cases: "Here's this guy who kills somebody and he gets away with it because his lawyer argues he was drunk." Or, "All you have to do nowadays is convince a judge or jury you were bombed, and you get off."

As a defence lawyer, Michael Moldaver of Toronto knows only too well what a tightrope it is to walk, and he explained some of the intricacies of intoxication as part of a defence during a panel discussion at the annual meeting of the Ontario Medical Association.

If a man is accused of breaking and entering, for example, the more he remembers about the circumstances, the less inclined a

judge or jury is to believe he wasn't aware of what he was doing.

If he can remember only parts of the incident, they may suspect he's intentionally leaving out the damaging parts.

And if he claims he was "so bombed I don't remember a damned thing," the Crown will be only too happy to point out that all fingerprints at the scene had been

wiped clean, and he drove the 10 miles home without mishap.

Mr Moldaver said the present state of law regarding intoxication (with any drug) is "an uneasy compromise between two extremes:" it is no excuse for any conduct that is otherwise criminal, and is a defence to any charge.

Intoxication can be a complete defence against a charge involving property, such as theft or uttering.

Thus, the stockbroker who wandered through a Toronto department store after a boozy four-hour lunch, and stole one magazine, one golf ball, and one sock, did, in fact, "get off."

In the case of crimes involving people, however, intoxication can be only a factor in getting the charge reduced: from murder to manslaughter, or from wounding to assault causing bodily harm, for example.

"It's a basic principle of criminal law that the prohibited conduct must be accompanied by a certain mental state, that it be an act of a conscious or willed nature," said Mr Moldaver. "Intoxication affects mental state, and it may affect the ability to see consequences or assess the present situation."

Anti-smoking ads just too good?

DETROIT — The American Lung Association has taken over sponsorship and distribution of a series of anti-smoking ads featuring Brooke Shields. The federal government dropped them because they were too sexy.

The TV spots, print ads, and posters showing the 16-year-old model-actress — one with cigarettes in her ears and the headline: "Smoking spoils your looks" — are aimed at teenage and young adult women, the most rapidly growing group of smokers in the United States. It is estimated that by 1983 more women will die from lung cancer than from breast cancer.

The campaign was planned by the Office on Smoking and Health

(OSHA) under the Carter regime. On review, the Reagan administration found the ads unpalatable and protested that Miss Shields was not a suitable role model.

Despite the fact that OSHA representatives liked the ads and thought they would be effective, David Newhall, chief of staff of the department of health and human services, said the government had withdrawn sponsorship.

American Lung Association president, Richard Sinsheimer, replied that the only interest served by the government's cancellation of the ads would be the tobacco industry's.

And he called the move economically unsound, since the campaign had cost the govern-

ment \$68,000. Miss Shields donated her services, as did the top team of admen who created the commercials.

While some feel the ads were torpedoed by the "moral majority," Miss Shields felt the real culprit was the tobacco industry: "They (the government) might be afraid the commercials will do too well . . . The ads might be too successful . . . and they would lose money."



Shields — unsuitable role model?

RC addiction problems spark church debate

By Alan Massam

LONDON — A priest's observations on the high proportion of Roman Catholics among Britain's drug abusers, alcoholics, compulsive gamblers, prostitutes, and strippers have sparked off a remarkable wave of self-examination among some of the church's leaders here.

Catalyst for the chain reaction has been Father Terence Tanner,

formerly director of the London drug rehabilitation program ROMA, who dropped his bombshell last year with an essay in a book, *The Church Now*.

He revealed that during the years he worked in the world of offenders, alcoholics, drug addicts, single sex clubs, male and female prostitutes, and their clients he found "the number of Roman Catholics involved was out of all proportion to the Catholic 10% to 12% of the UK population."

He claimed the same picture emerged when observing the number of Roman Catholics living below the poverty line or being treated in psychiatric hospitals.

Backed by other observers, he considered that 25% of the prison population and 50% of the London "junkie" population were Roman Catholics.

Father Tanner's observations prompted a full-scale conference in April at which his challenging and worrying thesis was taken further than the average non-Catholic might expect. In fact the working paper presented to the conference by Hugh Kay, editor of the journal *The Month*, might have seemed heretical.

It went, for example, so far as to criticize the late Cardinal Heenan's* clamp-down on research into the Roman Catholic lifestyle started by Anthony Spencer in the Newman demographic survey.

The problem of crime and addiction among Roman Catholics had been "largely swept under the carpet," although Catholic doctors, lawyers, teachers, and social workers "have continued to feel a deep disquiet over the swollen numbers of their Catholic clients."

Mr Kay said it had therefore been impossible to put before the conference the kind of scientific data hoped for. None of the experts

had felt able to offer more than "an aggregate of painful impressions."

The conclusions of Mr Kay and his colleagues is likely to be equally painful to church members.

They write: "A Christian community charged by its founders to be the salt of the earth must constantly ask itself what difference it is making to the nature and quality of society as a whole. If, by this token, Catholics in Britain stand indicted, we must ask whether the arraignment amounts to a true bill and, if so, what is to be done."

"It may be said of many of these offenders and addicts that their active relationship with the Church has been minimal and that their religion means little more than a badge of tribalism."

"But that, of course, poses more questions than it solves. Once they were baptised, the Church became responsible for them, and often had exceptional opportunities for helping them — the captive audience at Sunday Mass, the Catholic parish, school, and association."

"How did they slip through the net or, if in childhood they did not, why did the Church fail to help them make something of themselves? Are we looking at a substantial failure of Catholic education, for instance?"

The paper goes on to observe that although many Roman Catholic prisoners come from low income groups, include a high proportion of immigrants, and may come from areas of regional deprivation, they seem to get into trouble more than they should.

Could bad teaching in childhood lead to a mentality which makes light of "sin" because it can "easily be forgiven?"

"The point is the Catholic in confession cheerfully admitted his uncharity and even, perhaps, his dishonesty, but blushed when confessing to masturbation," the text continues. The result was a tendency to think that granted sexual continence you were more or less "all right."

The problem might go to the root of faith itself. Did the Church's teaching, with its mechanical, conformist, and restraining element, stress avoiding sin rather than attaining a positive love? Was it a commitment based on fear and expressed in the religious talisman and a distorted devotion? Was the Catholic a fortress rather than a pilgrim church?

Clearly, Father Terence Tanner has started a debate which will not be quickly resolved.

*Former leader of the RC Community in the UK.



NEWS AND COMMENT

Cannabis may worsen condition of glaucoma patients

By D. G. Bastian

TORONTO — Far from helping glaucoma patients, marijuana — whether smoked, taken in tablets, or administered in eye drops — can worsen the condition, says the head of glaucoma service at Wills Eye Hospital, Philadelphia.

There's no question that crude THC (tetrahydrocannabinol) absorbed into the body when taken systematically — through smoking marijuana or taking tablets — lowers intra-ocular pressure, George L. Spaeth told *The Journal* in a telephone interview.

But it also lowers blood pressure, which decreases the blood

flow to the optic nerve — and that's potentially dangerous for glaucoma patients, Dr Spaeth said.

"One of the things we believe is a major factor in causing eye pressure in glaucoma patients is insufficiency of blood flow to the optic nerve. If, therefore, one lowers the blood pressure at the

same time one lowers intra-ocular pressure, one can actually make the person's condition worse by reducing the blood flow."

Dr Spaeth recently concluded clinical trials on glaucoma patients using THC, alone and in combination with other chemicals. "We didn't find it worked in any dosage," he said.

In addition, the side effects of systemic use of marijuana make it considerably less than ideal, Dr Spaeth said.

"For instance, the person who is an habitual smoker of marijuana apparently does not get a fall in intra-ocular pressure when he smokes it. So one has to be fairly new to the drug, or smoke it in a dosage larger than he is used to, in order to get an effect in intra-ocular pressure."

He said that while taking marijuana in high dosages may be pleasurable, the dosages have unpleasant side effects because they interfere with the patient's ability to function normally.

The next step in research, Dr Spaeth said, would be to see if there are other components in marijuana that are specific in lowering pressure in the eye.

"That doesn't seem to be the case. There's study going on about that, but it needs more work," Dr Spaeth said.

Another possibility, he said, is that non-systemic use of THC — such as in eye drops — might lower eye pressure without decreasing blood flow to the optic nerve.

He cited a study on dogs at the University of North Carolina which has shown that delta-9 tetrahydrocannabinol in eye drop form lowers intra-ocular pressure — but only when enough drops are administered for the THC to enter the dog's system, and thus lower blood pressure.

"All of which puts us back to ground zero again," Dr Spaeth said, "which is to say, drops do not seem to work, systemic medication has too many side effects to be clinically useful, and it doesn't look as though we're going to get a drug out of THC that works."

Dr Spaeth said he is saddened by various "simplistic" handlings in the press of marijuana's possible benefits for glaucoma patients.

"It's very discouraging when people are given this information — either hope is taken away from them or a false hope given them. It isn't very fair."

Alc ed 'part of air' in US med school

NEW ORLEANS — Dartmouth medical school officials hope four films they have produced about alcoholism will help make the disease "part of the woodwork" in United States medical school curricula.

The films, unveiled at the annual meeting here at the National Council on Alcoholism, were produced as part of a four year, \$900,000 grant from the KROC Foundation for Operation Cork at Dartmouth. The aim is to develop an integrated alcoholism curriculum model for medical education.

Trevor Price, from the department of psychiatry, and Jean Kinney, co-ordinator of Operation Cork, said in an interview they consider the issue of alcoholism and related problems has been integrated into the Dartmouth curriculum.

Dr Price pointed out: "Alcoholism teaching in different schools is pretty spotty. It varies from good to bad."

"At Dartmouth we had a mandate to develop our own curriculum to disseminate this information and the college administration was well aware and concerned with the situation."

"We want it to be something like the air they breathe. There is not a specific period during the third year when they hear about alcohol in great detail for two weeks, and then it is over and they put it away and say: 'Now that is interesting, but that is not my life.'"

"What we have tried to do is really make it part of the woodwork. It is just there and they

think about it all the time. Our basic bias is to make alcoholism part of the mainstream of medicine and pull what we think is relevant and important into this mainstream and make it part of the living fabric of medical education."

Ms Kinney said that as part of the project "we have tried to involve people who will never identify themselves as primarily alcohol specialists, and . . . to get alcoholism expertise into other specialties and disciplines."

During the past four years, medical students have been involved in surveys about their attitudes to alcohol on entering

school, half way through, and at graduation. Within the next six months, researchers will compare attitudes and knowledge the students have gained.

Mr Kinney said the project has had an effect at the New Hampshire school. Medical students at the usually rowdy winter carnival now offer beer "and a non-alcoholic alternative in deference to Project Cork."

Dr Price said: "We don't know if we are right or wrong, but we have put our nickel on an integrated approach and so far I think we have seen results. Every medical school is a different breed of cat,

and what we have done will have to be cut and fitted."

"It is difficult to export what we have learned. It is not a matter of packaging it and making it available *en bloc* to be put in other schools."

"It will be for other schools to look at what we have done and to decide what they want to take and incorporate in their teaching programs."

In June, Project Cork officials from Dartmouth conducted a three-day workshop at Kroc Foundation headquarters in California for representatives from 16 other medical school across the US and Canada.

DC heroin ODs at new high

WASHINGTON — Greater pressure on drug trafficking in Washington has been promised by new Police Chief Maurice Turner as heroin overdose deaths in the United States capitol have reached a 10-year high.

Chief Turner said one of his first actions will be to take more officers out of patrol cars and put them on the street. Already the force is using undercover agents posing as sellers as well as buyers.

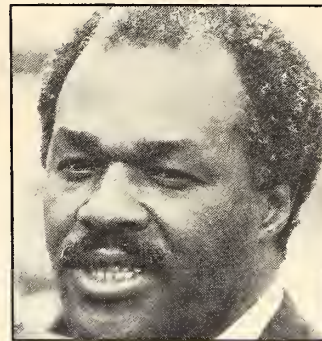
Meanwhile, police reported that in the first three weeks of May, 14 people had died of heroin overdoses, the highest for any month since 1971, when

medical examiners started keeping records. In the first four months of 1981, there have been 37 overdose deaths compared with 17 in the same period in 1980.

The quantity and purity of the heroin now available on Washington streets is higher and reflects increasing availability of Southwest Asian (Middle East) heroin.

Mayor Marion Barry, who has already said the city is experiencing a heroin epidemic (*The Journal*, April), has repeated his charges. He told a conference of Washington doctors he needs help "in pressuring the federal government to

stop the flow of heroin. It doesn't grow on the corner of 14th and U streets (the crossroads of the drug trafficking area.)"



Barry: 'I need help.'



GILBERT

"... it is within the power of government to reduce drinking and driving."

Drinking and driving: I

By Richard Gilbert

If you ask people to list the pros and cons of alcohol in our society, the most popular con will be the effect of the drug on driving an automobile. Almost everyone agrees that government should act to reduce the amount of impaired driving. The problem is how to do it.

There are two very simple ways of reducing drinking and driving. The first is to reduce the amount of drinking. The second is to reduce the amount of driving. Other things being equal, less alcohol or fewer automobiles would unquestionably reduce the amount of driving that is preceded by drinking.

Also unquestionable is the certainty that the reductions in drinking and driving could be achieved by appropriate and large increases in taxation — on alcohol or on gasoline, or on both. If rye were \$50 a bottle, and other alcoholic beverages were similarly priced, drivers would be less likely to have been drinking beforehand,

and those who had been drinking would have drunk less. Also, if gasoline were \$10 a gallon, people would less often drive away from their drinking sessions.

Thus, it is within the power of government to reduce impaired driving by raising the cost of drinking and driving or by reducing the frequency of these behaviors in some other way.

But government is unlikely to act in these ways, because drinking and driving are popular things to do. To meet the demands for a reduction in impaired driving, government must carry out a much more difficult task, that of permitting each activity to continue essentially unchecked, while preventing one from following the other. How can the separation be achieved?

There are basically four things government can do to ensure that driving does not follow drinking:

1. *Exhortation.* Drivers can be urged to avoid drinking and then driving, for their own safety and for that of others. Such appeals appear to be ineffective.

2. *Intimidation.* Threats of criminal prosecution, licence suspension, fine, jail, and the resulting publicity can be used to deter driving after drinking or drinking before driving, whichever is more resistible.

Deterrence requires reasonably sure apprehension. At present in Ontario, there is just one conviction for every 26,000 kilometres driven by impaired drivers. Thus the average automobile user can be drunk every time he or she drives and not be caught for a year.

3. *Separation.* Government could require that automobiles be designed so that they cannot be operated by impaired people. Before being able to start their cars, drivers might have to complete a skill-testing sequence as directed by an electronic dashboard display. Such devices exist, but they could be circumvented (like seatbelt interlocks) even if manufacturers were required to install them.

Government could prohibit the provision of parking space on licensed premises rather than require it, as happens now. But this might just encourage people

to drive to friend's homes, where they will drink even more than in a bar.

4. *Education.* On the theory that drinking drivers are likely to repeat their offence, convicted impaired drivers might be taught the hazards of drinking and driving in the hope that they will desist. A person previously convicted of impaired driving is more likely to drink and drive than a person who has not been convicted. But, repeat offenders comprise no more than one in eight of all arrests.

Thus, education to avoid recidivism, even if it were effective, could have only a slight effect on the incidence of driving after drinking.

Next month I shall discuss the legal basis for and effectiveness of compulsory treatment of convicted drinking drivers, and then return to the general question of how government might go about ridding our highways of automobile operators whose ability to drive is impaired by alcohol.

NEWS

Scientists debate dilemmas posed by tobacco

By Pat Ohlendorf

TORONTO — How can a government combat the smoking epidemic if it has one hand in the coffer of the tobacco industry? Should Western nations attempt to intervene in the tobacco habits of developing countries?

These are two of the dilemmas faced by researchers who attended a recent conference here. It was sponsored by the Ontario Ministry of Health, the Addiction Research Foundation, the Ontario Cancer Treatment and Research Foundation, the Ontario Heart Foundation, and the Ontario Mental Health Foundation.

Kjell Bjartveit of Norway, which, along with Finland, has taken the lead in anti-smoking legislation, illustrated what governments can do.

As well as enforcing measures that also apply in Canada (no sales to minors, health warnings, and tar and nicotine contents printed on cigarette packages), since 1970 Norway has placed a total ban on

cigarette advertising, limited the hours of cigarette sales, eliminated duty-free sales, and greatly increased taxes on cigarettes (a packet of 20 costs \$3 Canadian).

In industries where the combination of smoke and the industrial environment is known to be hazardous (like the asbestos industry), no smoking is allowed at work, and only non-smokers are hired.

Accompanying these legislative steps has been a more forceful media campaign.

Since 1970, reported Dr Bjartveit, "the total change in cigarette consumption in Norway is most promising." Prior to 1970, when the anti-smoking programs began, 52% of Norwegian men smoked; today 42% do.

Among women, cigarette smoking increased prior to 1973 but has now levelled off. And teenage smoking increased, especially among girls, from 1957 to 1975, but today it is on the decline for both sexes.

"In my view, the minister who

really wants a ban on tobacco advertising can obtain it," Dr Bjartveit said at the end of the all-day conference. It was in counterpoint to the message of the first speaker, Ontario Minister of Health Dennis Timbrell.

After declaring cigarette smoking "public health enemy number one," Mr Timbrell said the government of Ontario did not intend to ban advertising or introduce other anti-smoking legislation, though it would support municipalities that prohibit smoking in certain public areas.

The government had chosen the path of "education and persuasion," he said, and would be stepping up its educational and media campaign, particularly among school children.

Economic realities may have something to do with Norway's strong stand against smoking and Ontario's milder one. "Why hasn't Norway brought in equally strict legislation against alcohol? — Because of its many distilleries," commented one researcher.

Tobacco, on the other hand, is not and cannot be grown in Scandinavia. But Ontario grows \$320 million worth of high quality tobacco annually, and about 30% of all cigarette package sales in Ontario go to the provincial government, said conference co-organizer Dr Rick Frecker of the Addiction Research Foundation and the University of Toronto.

Although the researchers agreed this does not detract from the example set by Norway in anti-smoking legislation, it does at least indicate the difficulties tobacco-producing countries face in passing firm anti-smoking laws.

The susceptibility of the developing nations to the smoking epidemic emerged as a major theme at the conference. (Some of Ontario's tobacco is exported to developing countries where it is mixed with lower quality tobacco for local sales.)

Several speakers called for somehow stopping the trend in developing countries before it is too late. These included Sir Richard Doll of Oxford, whose 1950 landmark study established scientifically the link between smoking and lung cancer.

"We're beginning to see the epidemic of smoking-induced disease disappear from the countries in which it first took hold," said Sir Richard, "hastened perhaps by the introduction of less noxious cigarettes, and perhaps by greater knowledge of dietary means of reducing the risk of cancer."

"It will be sad, however, if while this is happening, we have to watch the epidemics of smallpox, tuberculosis, and poliomyelitis replaced in the developing countries by diseases in middle and late life that we have learned from experience to attribute to tobacco."

The industry statistics show how great a force can be marshalled to oppose government initiatives whether in the West or in developing nations.

United Nations statistics show the tobacco industry spends \$2 billion per year on advertising alone, more than six times the

annual budget of the World Health Organization, and the gross expenditures on tobacco products represents 25% of global budgets for military armaments.

For many nations, especially developing countries, resisting the income generated by tobacco sales and/or mounting expensive



Timbrell: "path of persuasion."

anti-smoking campaigns is extremely difficult. Also, the spread of the "smoking epidemic" around the world is not a simple issue of Western exploitation.

The world's largest tobacco producer is the government tobacco monopoly in China. The British American Tobacco company is second, followed by the government-controlled monopolies in the USSR and Japan, and, finally, Phillip Morris.

Mr Timbrell pointed out that Canada's consumption of cigarettes has dropped dramatically. Whereas, in 1965, 43% of Canadians (age 15 and up) were smokers, only 35% are today, putting non-smokers in the "clear majority."

Three other areas singled out for further research were:

- 1) identifying the component in cigarette smoke that contributes to cardiovascular disease (a prime candidate, according to Dr J. Fraser Mustard of McMaster University, is glycoprotein, which is inhaled in cigarette smoke and has been shown to damage blood vessel walls);
- 2) studying the combined effects of smoking and specific environmental pollutants;
- 3) gathering more hard data on the effects of cigarette smoke on non-smokers.

Many succeed in battle to quit

By Pat Ohlendorf

TORONTO — Despite gloomy statistics to the contrary, people can and do give up smoking — "permanently and in large numbers" — Stanley Schachter, psychologist at Columbia University, told a gathering of researchers here.

The most successful method of quitting, he added, appears to be cold turkey.

According to the therapeutic literature, smoking, like over-eating, alcoholism, and heroin addiction, is very difficult to cure. Three months after treatment, about 65% of those in smoking clinics or receiving help from psychiatrists or hypnotists relapse. And one year after treatment, only 10 to 25% are successful.

However, in a study on self-cures for smoking and obesity

conducted last year, Dr Schachter found more encouraging results.

He interviewed the psychology department at Columbia University (83 people, including professors, technicians, and secretaries) and 77 randomly selected residents of Amagansett, New York, a small town composed predominantly of blue collar workers.

In both populations 99 people were either current or ex-smokers. Sixty-six percent of the Columbia and 62% of the Amagansett smokers had successfully quit smoking an average of 7.4 years ago.

Why the difference between the published statistics and Dr Schachter's results? Statistics come from therapists, he said, and people who cure themselves don't go to therapists. Also, while the literature generally reports one-shot attempts to quit, the Colum-

bia and Amagansett informants were reporting retrospectively, on a lifetime of eating and smoking habits and usually several attempts to quit before they were successful.

Norway clearing

LONDON — British anti-smokers are putting increased pressure on the government here for "wide-ranging legislation to deal with smoking" following news from Norway of the benefits of banning tobacco promotion.

The Norwegian Council on Smoking and Health announced on May 20 that daily smoking had declined among teenagers following introduction of restrictions on tobacco advertising and a boost for health education in 1975.

RESEARCH UPDATE/Austin Rand

Beer drinkers more adaptable

Is it easier for a beer drinker to switch to wine and hard liquor than it is for the person who likes wine or spirits to switch to beer?

It looks that way, according to research by Dan Harper, Linda MacRae, and Donald Lange of the University of Manitoba.

The researchers examined the effects of two strikes in Manitoba in 1978 — one involved liquor outlet employees and sharply reduced the availability of distilled spirits and wine, the other involved brewery workers and reduced the availability of domestic beer. The beer strike, which lasted 56 days, had very little effect on total consumption of alcohol in Manitoba. However, the liquor strike, which lasted 49 days, caused a massive drop in per capita absolute alcohol consumed.

"This asymmetrical effect," the researchers say, "may be due to fundamental differences between persons who prefer spirits or wine and those who prefer beer."

Red head blues

If you believe that red wine does something particularly nasty to you, you are not alone. Dr David Goldberg of the University of South Manchester says a substan-

tial minority of drinkers are subject to a particularly nasty kind of hangover from as little as two glasses of red wine.

The hangover, as Goldberg describes it, is not there when you wake up but comes on in the first hour after waking. The person is likely to have a splitting headache which is made worse by lying down. Thus, the person tries standing up.

"Unfortunately, it is impossible to stand up for any length of time," says Goldberg, "since this exacerbates the nausea. One usually comes to rest at 45 degrees, and time passes very slowly for several hours."

Goldberg believes the condition is associated mostly with cheap reds, not chateau-bottled brands, and can be detected by a characteristic metallic smell. Since the hangover is distinct from anything produced by whites and rosés, Goldberg suggests that "red head" may be a simple but scientifically accurate name for the condition.

Drug blocks PCP spasms

Lethal spasms of cerebral blood vessels in PCP overdose can be blocked by the calcium antagonist verapamil, say two researchers at Downstate Medical Center in Brooklyn.

Bella and Burton Altura exposed strips of cerebral blood vessel from dogs to the

kinds of concentrations of LSD, mescaline, and PCP which are known to lead to death in humans, possibly due to the reduction of oxygen flow to the brain when spasms of the cerebral blood vessels cannot be stopped.

Verapamil, the researchers found, completely prevented such spasms, probably because the drug inhibits the movement of calcium across the cell membrane, and in this way reduces contractility. The researchers believe the drug could prove invaluable in treating PCP-intoxicated victims.

Leaky lungs detected

A new technique to detect subtle damage to the lungs — and subtle improvements — may be useful in convincing smokers to quit.

The technique measures the permeability of the membranes in the air sacs of the lungs by the rate at which a very low dose of radioactive tracer disappears from the lungs after being inhaled. The longer it takes to disappear, the healthier the lungs are. The bad news is that even healthy young smokers, with little or no sign of damage as measured by other techniques, have "leaky lungs." Compared to non-smokers, their lungs are up to four times as permeable to a dose of the tracer. The good news is that leakiness or permeability declines sharply with

even 24 hours of not smoking, and continues to decline for seven days.

The length of time required for full recovery into the normal range will be established by future studies.

Drug eases withdrawal

A chemical analogue of the anti-hypertensive drug clonidine shows promise of being highly useful in easing withdrawal from heroin and methadone, according to two recently published reports. Clonidine is commonly used at present but has undesirable side effects, including excessive sedation and bodily weakness.

In the first study, at New York Medical College, 10 of 15 subjects were successfully detoxified from methadone and placed on the opiate antagonist naltrexone with very little withdrawal discomfort. In a separate study carried out at Yale Medical School, a similar procedure was successfully carried out with nine chronic methadone addicts. The researchers concluded that the drug has "striking anti-withdrawal efficacy."

Austin Erisalu Rand is a science and medical journalist. He welcomes suggestions for findings that might be described briefly, in this column. For references, please contact Research Update, The Journal, 33 Russell Street, Toronto, Ontario M5S 2S1.

FEATURE

Musicians on rock concert overdose scene

'Music should give pleasure, and that's what it's all about ... not drink and drugs.'

By Jon Newton

ROCHESTER, NY — Loudspeakers stacked at both sides of the stage blast out rock n' roll with enough decibels to shake the city's War Memorial stadium to its foundations. The group — Canada's Rush — is only warming up.

Security guards wearing yellow T-shirts to mark them, carefully frisk the fans for hidden drugs and booze as they stream into the hall, ready for action. City police stand by in case of trouble.

Rush is probably Canada's premier rock group and they're immensely successful. The three-man outfit needs a baby convoy of heavy trucks and coaches to tote equipment and squads of "roadies" to set it up.

And on this, one night of a series of US appearances, Tim Manning, director of Rochester's Drug & Alcohol Council, says Rush is one of the more provocative groups as far as he is concerned. They tend to attract a younger audience into "heavy partying and aggressive behavior in a big way." The DAC runs HoS (Heads on Straight: *The Journal*, March 1981), formed to help youngsters sick from too much drink or too many pills. A volunteer remarks as he helps HoS boy-and-girl teams set up cots in the recovery room: "We can count on seeing 40 or 50 kids, many of them no older than 12 or 13, drunk or over-dosed."

Ready-to-hand are bags of antiseptic powder to be scattered on the floor if and when sick fans throw up. Volunteers in their distinctive red HoS T-shirts are ready to go out into the audience, looking for young people needing help.

Lt Eddy Bastian is in charge of the police detail. He had previously told *The Journal*: "Our main problem in Rochester was that the city has absolutely no intoxication law. About the only thing we could do before HoS was arrest the kids if they plugged up the streets."

"We really didn't want to put these kids in jail, but we just couldn't care for them. But when the HoS people arrived, they set up a bunch of cots ... they had volunteers to interface with the victims one-on-one and it seems the problem has now been largely taken care of ... before we'd probably average three or four arrests per night."

'Incredibly effective'——

Now, standing outside the War Memorial weeks later, he tells *The Journal*: "Whatever I said before, I double. I can't give enough praise to HoS. It's incredibly effective."

But given that because of HoS nothing like as many youngsters end up in hospital or jail, how much responsibility must the bands themselves take for the trouble their teenaged fans often get into?

Back in the main hall Rush continue to warm up as sound technicians adjust their equipment. Watching in the wings is Kevin

Flewitt, Rush's 27-year-old personal manager and factotum.

HoS workers say drink is more than 80% of the problem (the War Memorial, for instance, still sells beer during concerts in spite of the difficulties it creates), and Mr Flewitt says he can understand how that would be.

"Personally, I think when guys get drunk they want to horse around and fight, and they involve other people who go to the shows to enjoy themselves. But how can they when the people around them are only interested in making trouble? All they do is ruin the atmosphere and the music."

Mr Flewitt said when he was growing up he never felt there was any particular message coming over from groups. "I always saw them as entertainers," he said, "and that was all. They were talented people and I paid my money and went to see them. I was never into any of those 'they're my idols' trips."

"I think if I idolized anything about a group, it was their lifestyle, and I've achieved that. I would also be thinking about the good feelings the music gave me, and about being happy, and I'd bet that's what most of the kids are feeling as well — except for the few who are into head trips."

"Music should give pleasure, and that's what it's all about ... not drink and drugs."

'Trying to do a job'——

But he admitted the amount of alcohol consumed at some concerts bothers him and band members.

"Being fair to everyone should be the aim," he continued, "and there are plenty of people of an age to drink. They drink moderately and keep control, and they're the majority. The ones who make trouble for themselves and everyone else are the minority, but they also get all the attention from the press, and personally I think that's one of the big causes of problems at concerts."

"But there are other situations. There will be kids here tonight who are only 12 or so, but they have 18-year-old friends who buy drink for them, which is not only ridiculous, it's insane. That's one of the real problems. Economics or not, it isn't right to sell alcohol in such a way that kids can get at it."

Rush, he said, is not one of the groups which measures success by the amount of trouble caused by the audience. Band members are trying to do a job.

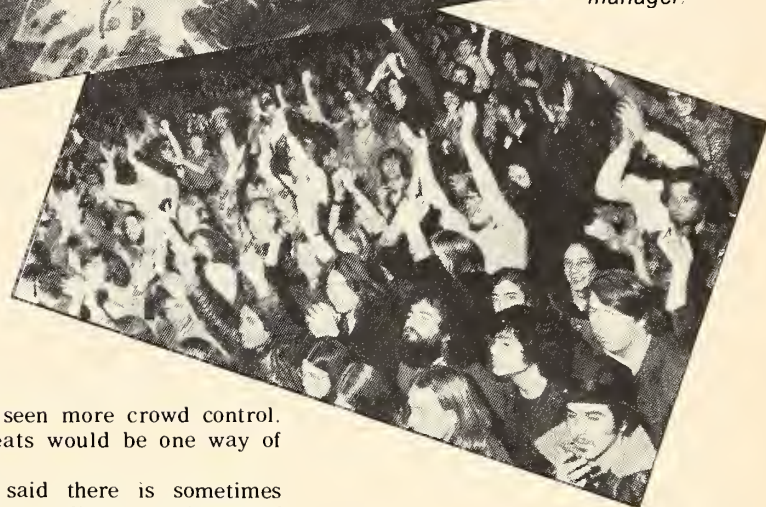
"They have a sense of responsibility," Mr Flewitt continued. "I'm very close to the band and they're sensitive people. They're serious about what they do and just looking at things from a professional point of view, they don't want riots and they don't want their names linked to trouble."

"Rush is very aware of the drink and drugs problem and there have definitely been a lot of times when they would have



Rush

'They don't want riots ... they are concerned about what is going on,' says manager.



liked to have seen more crowd control. Pre-booked seats would be one way of achieving it."

Mr Flewitt said there is sometimes another reason for audiences getting out of hand. Some concert promoters print their own tickets and sell them to pocket the extra cash. This means perhaps 500 more people on top of those already admitted on genuine tickets.

"If there was strict control on tickets sold," he said, "and people were admitted only according to seats available, there wouldn't be anything like as much trouble. But seeing a whole bunch of kids let loose always means things get out of hand. We love crowds, but we definitely don't like trouble."

"Another aspect you have to consider is a lot of the bother comes *after* a concert, and the band doesn't get to hear about it. They're on the road a lot of the time and they don't get a chance to read about everything that's going down."

"You have to remember this is their job — it's how they make their money, and they are concerned about what goes on. But where does their responsibility begin? And where does the responsibility of the people organizing the concerts come in? Maybe you should be talking to them."

'Burning myself out'——

Mr Flewitt added: "But there's something else you should consider about Rush. I read a review of our latest album, and the guy who wrote it said something to the effect, 'They've done all this without reference to sex or drugs.' If you listen to our lyrics, the band isn't into that — but whenever you get a lot of people together, someone is going to make trouble for sure."

"I grew up respecting alcohol, although I'd be a liar if I said me and my buddies didn't down a few in someone's garage when we were 15. And I respect drugs. But maybe a lot of these kids don't know anything about what they're doing to their minds and bodies."

"All too much alcohol does for me is to make me sick, and that's something I don't like, so I stay away from it. And in spite of press reports and in spite of everything, I just know most kids are exactly the same."

If Rush epitomize rock groups of the 80s, Britain's Long John Baldry can look back on 25 years in international show business — and to a quarter-of-a-century with drugs in and out of the headlines.

"When I started out," he told *The Journal*, "I was a graphic designer during the day and a performer at night. You can keep on like that for a while, but not forever and like many other musicians of that day, I got

into speed. I thought I needed amphetamines to keep going."

"But I saw the light early on as well. I could see I was burning myself out, so I stopped. I was lucky. But I've seen what drug dependence can do. Eric Clapton had a very bad problem. Different members of the Stones went through it, and so did the Beatles. And look what happened to Hendrix and Janis Joplin."

"In the early days experimenting with drugs was one of the things going on. It was all to do with experiencing mind trips. These days drugs like marijuana seem to have become part of the action. People smoke it like they drink beer, but 25 years ago kids were just beginning to hear about drugs like that and they all wanted to see what it was all about."

"Personally, I can't enjoy marijuana — it makes me feel very, very paranoid."

But Baldry — who lives near Toronto now — believes some of today's pop groups have much to answer for when it comes to drinking and drugs at concerts.

"You can have a good time without taking drugs and starting a riot," he said, "and I don't think you can necessarily blame the availability of booze."

He said he has performed at any number of venues where alcohol was readily available, and where many members of the crowd were heavy drinkers.

"But that didn't have to mean trouble," he continued. "I had a good time, and so did the audience. There may have been a bit of shouting and carrying on, but it was only the kind of thing you'll see when people are enjoying themselves."

'Where it all begins'——

"I also think the media — the newspapers and so on — have to accept some of the blame. And you also have to take into account the fact that a few trouble-makers (and if you could take a crowd apart, you'd probably find only a very few people were the ones actually causing the disturbance) can make everyone look bad, which means perfectly innocent people who like a particular kind of music get branded by the actions of others they have nothing to do with."

"But there's no doubt some groups don't help the situation. Their lyrics preach drink and drugs, and I'm not surprised to see very young people who idolize them thinking they have to live out the lyrics. Sadly, that's where it all begins."



Baldry

Rock groups are at least partly responsible for mob scenes, says Long John Baldry. 'Some groups' lyrics preach drink and drugs.'

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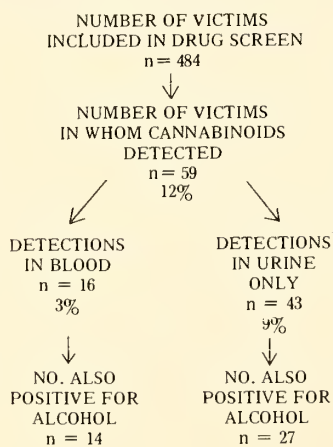
Hold on, TIRF data are being distorted

I would like to address the letter of Ann Percheson (*The Journal*, April). Since I know little about the recent findings on pharmacological effects and have not read the original book and articles to which *The Journal* columns referred, I can make no statements concerning the decriminalization (which, by the way, is not synonymous with legalization) of cannabis.

However, there is one paragraph in the letter which strongly misrepresents the original research. Since this paragraph is referring to a widely publicized advertisement by Allstate Insurance, which also blatantly distorts the original research, I feel the misrepresentation needs correcting.

tation needs correcting.

The research cited in the advertisement was conducted by G. Cimbura, R.A. Warren, R.C. Bennett, D. M. Lucas and H. M. Simpson of the Traffic Injury Research Foundation, and reported under the title: *Drugs detected in fatally injured drivers and pedestrians in the Province of Ontario, March 1980*. It is in the Addiction Research Foundation library for those who don't believe in using secondary sources. Since the study has been misinterpreted and misrepresented so often, I feel it is only appropriate that the original be cited. Please note the quotation from Cimbura et al, page 46, as follows:



As shown in Figure 18, in only 16 of the victims (3% of the study sample) was THC detected in blood. Thus, in only 3% of the cases was there reason to believe that some degree of cannabis-induced psychomotor impairment may have been present. In contrast, in 43 victims (9% of the study sample) cannabinoids were detected in urine alone, and the presence of cannabis-induced impairment at time of crash is unlikely.

In that regard, it is particularly interesting to note that 14 of the 16 victims who were positive for THC in blood also had consumed alcohol. As well, 27 (63%) of the victims who were positive for cannabinoids in urine only, had positive BACs. Quite clearly, to the extent that further experimental research is

required in the area of cannabis and traffic safety, the interactive effect of cannabis-alcohol combinations on driving should receive priority.

I think the answer that Dr Percheson offers to the question of why the "insurance companies are mounting quite a massive campaign to protest any legalization of cannabis" becomes somewhat doubtful in light of the original research findings.

**Evelyn Vingilis, PhD
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'It's not too late to warn our youth'

Today I left my pediatric office having seen a few new patients whose lives have been drastically changed because of marijuana use. Driving home, I had to think of the elegant discussion of marijuana and its possible legalization by Richard Gilbert (*The Journal*, April).

I wish I could have the opportunity of debating in person. I know I could impress him, by showing him a good number of my patients, that marijuana is one of the most deteriorating drugs the youth of our society have been exposed to.

I see the effects every day. If we don't do everything possible to prevent its acceptance as a "recreational" drug, we should stop worrying about the health of our nations in general. Legalization of marijuana will certainly create the impression this drug is "not that bad."

We should learn from our past mistakes with tobacco and alcohol.

We should realize preventive education from childhood is the most effective and least expensive method of dealing with drug abuse.

I agree with Dr Gilbert that marijuana is already used by a fair number of our younger generation. Most of them, in my opinion, will continue their drug use, but we could change the attitudes in our growing children.

We are kidding ourselves if we believe legalization of a toxic, psychoactive drug will create new revenues. It has been estimated that \$1 gained in taxing alcohol requires about \$10 in treating alcoholics, replacing lost labor, etc. These figures don't even touch the loss of human potential and happiness.

The impairment of the marijuana user happens because of the impairment of his mind, judgement, memory, emotions, motor skills, and, I believe, has very lit-

tle to do with the "circumstances as corruptive as those that prevail in the case of marijuana."

Here I strongly disagree with Dr Gilbert, and do not believe that changing marijuana laws will make the difference he hopes to achieve.

I am impressed that most of my marijuana using patients couldn't care less about the legal aspects of this drug. They like the "buzz," would use their "pot" as often as it's available and financially affordable.

I am also impressed with the small percentage who are knowledgeable about the long range consequences of use. They don't even recognize the cause of the well established symptoms such as fatigue, amotivation, depression, paranoia, changed sexual attitudes, forgetfulness, until they are totally marijuana free, and regain their original functions.

They often don't realize their frequent accidents and injuries at work have something to do with their "joint" at lunch break.

Over the last three years, I have seen enough young people with these symptoms to know we are rapidly increasing the number of individuals who will have difficulties in leading meaningful healthy, and happy lives.

If we are unable to prevent acceptance of marijuana use, we should start thinking how to support, emotionally and financially, this additional group of our drug users. We should also realize that most children will be exposed to this psychoactive drug in their developing years.

**Ingrid L. Lantner, MD, FAAP
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Letters to the Editor may be sent to The Editor, *The Journal*, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.

AVERAGE MEANS THAT
FOR EVERY PERSON
LIKE MOM WHO RARELY
TOUCHES THE STUFF
— SOME FAT
SLOB DOWNS
5 GALLONS



Editor... Letters to the Editor... Letters to the Editor...

To theorize or not? That is the question

I was not quite sure whether to be honored or insulted by having been singled out in Dr Gilbert's column (*The Journal*, May) as an example of the contributions to the NIDA (United States National Institute on Drug Abuse) volume *Theories on Drug Abuse*, a volume of whose intent he seems strongly to disapprove. Perhaps my uncertainty stems from the fact that nowhere does he comment on what I actually wrote there.

Dr Gilbert's negativity to the project as a whole seems to be based on his opposition to the idea that some writers have the temerity to propose a unified view of why all humans abuse all types of drugs, and to put forward models which incorporate all phases of drug abuse — from initiation to cessation and relapse (although Dr Gilbert also criticized theorists who were less ambitious for the incompleteness of their work). On these counts I plead guilty, with the mitigating factor being that I personally intend only to comment on addiction and its relations to abuse in all these connections.

If it is against the attempt to create such universal theories that Dr Gilbert rails, then of course he will want to include Einstein and Newton in his charges; if it is only psychologists who aspire so mightily that he dislikes, then perhaps he should tackle Freud, Piaget, Richard Solomon, John Atkinson, David McClelland, etc.

Maybe Dr Gilbert would agree that the important issue is how well a theory accounts for the facts, whether it is a theory which

derives from physics, a biochemical theory, or even a theory constructed by a psychologist. He might be interested in this regard in my comments on evaluating theories of human behavior and addiction from these various domains. The comments appear in an article entitled *Reductionism in the Psychology for the Eighties: Can Biochemistry Eliminate Mental Illness, Addiction, and Pain*, in the *American Psychologist* (Aug). I argue that psychological

theorizing may offer much, in fact our best, hope for dealing with those problems mentioned in my title.

By the way, there is one part of what I make out from Dr Gilbert's attack that I very much agree with; that is the absence of an effort by the volume editors and the theorists themselves to relate what they have to say to the work of others. As Dr Gilbert points out, there is often much unacknowledged commonality both within

the volume and between it and outside sources. In an effort to remedy this isolation between the strands of theoretical thought on drug abuse, I am endeavoring to interest the NIDA in sponsoring a conference including many of those who contributed to the volume (as well as some fortunate enough to have escaped that fate) for the purpose of drawing together the many available viewpoints to see where there is broad agreement in the field and where

notable divergencies among theorists remain.

I will certainly pass Dr Gilbert's comments to the NIDA as a way of making them aware that some such integrating mechanism is necessary. If the conference is funded, I hope he will find that the work of the 40 or so of us together redresses some of the failures he noted in the individual efforts I, along with Messrs Ausubel, Lindesmith, Chein, Jessor, Wikler, Becker, Winick, Zinberg, Dole, and many others authored in the current NIDA volume.

Stanton Peele
Teaneck, NJ

Dr Gilbert replies:

Dr Peele protests too much. He should be pleased that so much space was devoted to the description of a book in which he played such an important part, and delighted that I identified his theory as being at the centre of current theorizing about drug abuse. I attacked no theory (except for impenetrability — and then not Peele's), only the glut of global theorizing at a time when discrete hypothesizing and relevant data collection would provoke better understanding of drug abuse. If you like theories, then Lettieri's book is something to get excited about. In my view, the effort, time, and resources spent in the book's production would have been better used in other ways. I might say the same about the proposed NIDA conference.

An appreciation

Bill Kenyon, 'prime mover'

With the loss of Bill Kenyon, the Merseyside, Lancashire and Cheshire Council on Alcoholism (MLCCA) has lost its prime mover and one of its founding members. (Story page 11.) The Council was instituted in 1963 by Richard Percival who was then the executive director of the National Council on Alcoholism.

Bill came to the MLCCA in August 1963 as the executive director, a position he held until his tragic and sudden death at the age of 57 at the commencement of the Council's 5th International Conference on Alcohol-related Problems in Liverpool.

Bill's main purpose when he

came to the Council was that it should become a professional organization dealing with alcohol problems which would provide factual and practical advice and work closely with the medical profession, the social services, and the probation services.

His aim was to attempt to create a truly comprehensive service and he threw all his considerable energies into the council in a determined effort to reach and help as many problem drinkers and their families as limited reserves would allow.

In recent years it may be fairly said that in the field of study into alcohol problems in Britain, Bill Kenyon, as a

layman, has had a significant impact on medical opinion and thinking, and while some of his views were not universally shared his direct approach and untiring efforts commanded admiration and respect.

This sad loss will be greatly felt by his many friends and clients alike, and our sympathies are extended to his wife Margot, who is the Deputy Director of the MLCCA, and to his three children.

Dr Neville Krasner
Consultant Physician
Chairman of the 5th International Conference on Alcoholism organizing committee.
Walton Hospital
Liverpool

GUEST COMMENT

Cigarette consumption: the true picture

By George Lewis

Surely by now enough has been said about the physical consequences of cigarette smoking to convince even the most resistant among us that we do have here in Canada a very serious and conspicuous medical problem.

Dennis Timbrell, Ontario's minister of health, and himself an ex-smoker, recently pointed out that cigarette smoking, that is, the active inhaling of smoke into the lungs, is in fact our nation's No 1 public health problem.

He might have pointed also to the tragedy of 6,000,000 of his fellow Canadians who simply cannot face the day or function in it without filling their lungs full of smoke. And, even further, to the tragedy of those who are locked in with them and must suffer accordingly from the insult of second-hand smoke.

Probably nothing in the history of medical research has been so thoroughly researched as the effects of "smoking," politely so-called, upon the human body. The latest United States surgeon general's reports on *Smoking and Health* (1979) and *The Health Consequences of Smoking for Women* (1980), for example, are in reality up-to-date consumers' reports documenting for those who care the grim outcome of inhaling tobacco smoke.

Why, then, in the face of all we now know for certain about this bizarre practice, do so many people continue to 'smoke,' that is, to act so clearly against their best interests and better judgement?

Obviously, the tobacco industry has us all neatly in its pocket if we really believe that people inhale smoke simply for Pleasure, Enjoyment, Satisfaction, and Taste, when in reality they do so because they cannot get this PEST off their backs.

If we define a cigarette, correctly, as a device whose sole purpose is to vaporize chemicals, (nicotine and/or delta-9-tetrahydrocannabinol, etc), for ingestion into the bloodstream, we begin to get the full picture.

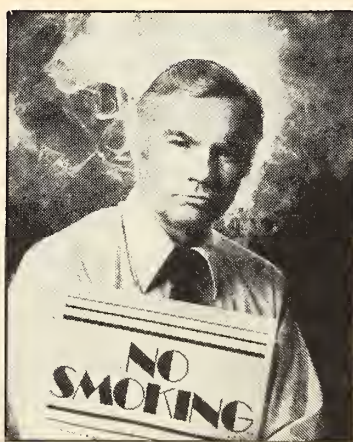
Once these chemicals are in the bloodstream we know that no smallest part of the human brain escapes the swift sweep of such self-induced toxemia. We may now assume that no smallest recess of the mind can be shielded from their direct and potent effects.

If this is so, then we may expect significant, measurable psychological changes to accompany the subtle, cumulative biochemical alterations in brain tissues repeatedly exposed to these toxic agents.

And we may further assume that such anticipated changes will inevitably reveal themselves in a smoker's perceptions, attitudes, values, sensitivities, concerns, judgements, responses, and behavior. We have merely to identify them and relate them to specific components of inhaled smoke.

Using the cigarette as the perfect printout, then, we can begin to "read" what is there to read if we know what we're looking for.

Take, for example, the mental state so apparently brought on by tobacco toxemia. One aspect of it we may call *nicotine narcosis* or



George Lewis is associate professor, department of anatomy, McMaster University.

perhaps *carbon monoxide coma*. While the movie, *COMA*, of course, carries CO-titration of the brain to a terrifying extreme, it is the effect of repeated sub-lethal doses on the brain's delicate neural circuitry that we are concerned with here.

We observe in this context a real dimming of social awareness in relation to smoking. The user is rendered insensitive to the notion that smoking is inappropriate social behavior (hypothalamic hypoxia?). This hazing of feelings for others, or "tobacco trance," is sometimes accompanied by an easily triggered defensive, and sometimes offensive, reaction (hypothalamic rage response?) against any suggestion that smoke emissions are not welcome.

Call this, if you like, *puffer's paranoia*, a disturbance which for some becomes ever more evident today as smoke-free territory

widens. Or again, the obvious chronic compulsive behavior which instantly identifies the smoker as one possessed may in itself be studied as a clear-cut case of cause and effect.

Those who smoke commonly say that smoking reduces their tension, though what they are really saying is that "smoking reduces the tension caused by smoking reduces the tension caused by . . ." May we not regard this uncontrollable smoke-cycle, highly stressful in itself, as a visible expression of a cyclic, circular, periodic, or recurrent psychoneurosis?

Considering the remarkable position of totalitarian dominance which a cigarette assumes in the life of its user, we may reasonably, therefore, attribute to it a sort of personality of its very own.

There are times, in fact, when I really feel much more inclined to address the cigarette than the one smoking it since the cigarette is clearly in charge. Everyone, including the holder, is reduced to playing "second fiddle to a fag."

An intriguing explanation of why some smokers so strongly defend their cigarette captivity may, it seems to me, appear, at least in part, in what has recently been named the *Stockholm syndrome*.

In the search for reasons why Patty Hearst and certain other hostages have come to love their captors and side with them against the authorities, it became evident that a quite understandable self-protective psychological mechanism was at work. This phenomenon is alternately called transference, survival identification, or

most commonly, the *Stockholm syndrome* because the first significant and striking occurrence of it was in that city.

In somewhat milder form, perhaps, the phenomenon is much the same for those knowledgeable smokers who argue so defensively on behalf of their captors. For apparently, whenever a hostage feels in grave danger over a prolonged time, some degree of survival identification is almost inevitable, however incredible it may appear to those who have always been free.

It should be noted again that to date, the US surgeon general's reports on smoking and health, comprehensive as they are, simply document the physical consequences. We may now anticipate that soon we will have equally detailed documentation of the psychological consequences and, in due time, of the social consequences as well.

These latter, of course, will be the particular preoccupation of the 80s, primarily because of their enormous political and economic implications. Not surprisingly perhaps, there is nothing yet available which even remotely matches these surgeon general's reports in regard to the broader aspects of the smoking problem and its costly burden both to individuals and to society.

At this early stage in our reporting, however, it is obvious that nothing ever before in human history has been so clearly and so closely linked with so many highly undesirable consequences as a cigarette. We are only just beginning to get the true picture of the cigarette connection.

INTERNATIONAL

Polish govt, union, church unite on alcohol...

By John Dornberg

MUNICH — In addition to grave political and economic problems, Poland faces two others: alcohol and drug abuse.

But in a remarkable display of unity, the Communist party and government, the Catholic church, and the new Solidarity trade union have joined forces to battle both problems more energetically than ever before.

General Wojciech Jaruzelski, the prime minister appointed last February, is spearheading the campaign.

One of his first acts after taking office was to convene a conference to map out a comprehensive plan to curb alcohol consumption. The meeting, in March, was attended by Jaruzelski, the ministers of health, justice, finance, and education, representatives of the Polish episcopate's sobriety commission, Solidarity, the women's league, and the Social Anti-Alcohol Committee.

One immediate result was a 50% increase in the price of vodka so that a half-litre bottle of the least expensive kind now costs 215 zlotys — about a day's pay for the average industrial worker.

Then, in early May, General Jaruzelski unveiled a tough National Program for Abstinence to the Sejm, the Polish parliament. Its most immediate effect has been a sharp reduction in the points of sale for alcoholic beverages.

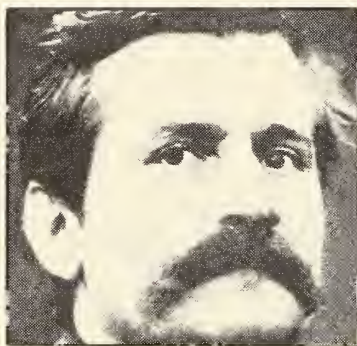
The sale of alcohol in canteens and cafeterias of all industrial and commercial enterprises has been suspended.

In addition, about half of some 25,000 retail outlets will no longer be allowed to sell spirits, especially those near schools and along highways. Heavy fines have been set for violations.

The program also calls for intensified anti-alcohol propaganda and counselling. Significantly, too, the government's permanent commission on alcoholism, dormant for most of the past year, has

been revived and placed under what observers believe will be more effective and energetic leadership in the person of Deputy Justice Minister Maria Regent-Lechowicz.

General Jaruzelski's campaign is likely to be more effective than the half-hearted efforts of the past partly because the general, who has also retained his post of defence minister, is a teetotaler.



Lech Walesa — a non-drinker

Moreover, he has two very important allies: the Church, which has been promoting a "sobering up" program of its own for years, and Solidarity whose leader, Lech Walesa, is also a known non-drinker.

One effect of the price increase in March, say sources in Warsaw, was a sharp rise in moonshining, which previously accounted for some 10% of the vodka and spirits produced in Poland.

But sugar rationing, implemented along with meat rationing in March, is expected to put an automatic crimp in that as soon as private hoards of sugar are depleted. Poles are now limited to one kilo of sugar per person monthly.

Moreover, the Church has joined the battle against illegal distilling with a most unusual measure. It announced recently that known and convicted moonshiners will henceforth be denied last rites and Christian burial.

In unveiling the program to the Sejm, General Jaruzelski also made public a recent study by the

Academy of Sciences on drinking habits and alcohol abuse in Poland.

According to the report, alcohol consumption has been rocketing in Poland and has doubled during the past 20 years. In 1980 it was 60% higher than in 1970. Some 4.5 million Poles — more than 13% of the total population — were described as "excessive drinkers," and an estimated 900,000 are considered alcoholics.

The experts estimated that each adult Pole (over 14 years of age) drinks 44.4 litres of alcoholic beverages, including 30 litres of vodka, annually.

Poles spent 170 billion zlotys on liquor last year — or about 5,000 zlotys per capita, an amount equal to one month's pay for the average industrial worker. The figure also represents more than one-third of the overall expenditure on food.

The report also estimated 10% of the labor force — 1.2 million out of 12 million — are drunk every day.

General Jaruzelski's move to hike vodka prices drastically was based on the reasoning that in past years incomes have risen considerably higher than the cost of alcohol, and the disproportion was especially great in 1980.

The Academy of Sciences report recommended that for price to be effective in the fight against alcohol, liquor price increases should outpace wage hikes by at least 3% to 4% annually.

The availability of alcoholic beverages was cited as another cause for Poland's problems, despite earlier measures to reduce points of sale and selling hours. Liquor is the most readily available commodity in Poland.

The study shows there is one shop selling spirits for every 840 inhabitants, an extremely high rate by international comparison. In Sweden the ratio was said to be one to 27,000.

Poles may be forced to queue for hours for meat, butter, and bread these days — and have been doing so for a number of years — but it seems there is never a shortage of alcohol.

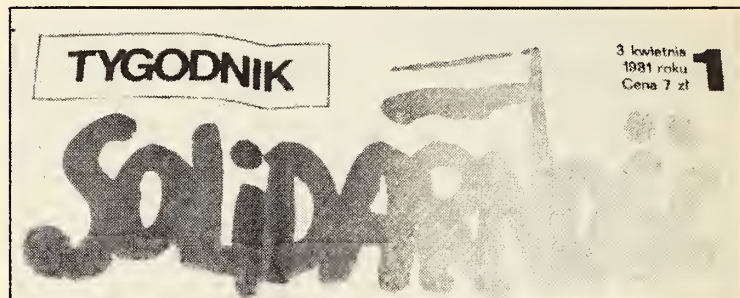
General Jaruzelski's campaign is hardly the first in Poland, and there are plenty of laws on the books aimed at fighting the alcohol problem. But thus far they have not been taken seriously and have rarely been implemented. The prime minister seems determined to change that pattern.

Even if he can, it appears his government faces another, heretofore little discussed problem: drugs.

Only a few years ago it was con-

sidered largely a non-problem in Poland, and officially it is still treated as such. But observers trained to read between the lines of the censored Polish press point to a recent article in *Zycie Warszawy*, the country's largest daily, as evidence that Polish authorities are worried about growing hard drug abuse and addiction.

Veiled allusions are generally indicative of a more serious problem than authorities want to discuss publicly.



Solidarity important ally against alcohol

Women are the exception in German smoking drop

MUNICH — West Germans are giving up smoking and at a rather dramatic rate, according to the Allensbach Institute of Opinion Research.

At least the men are.

In a recent Allensbach survey of more than 3,500 people representing a national cross section, 60% of West German adults 14 years of age and older said they do not now smoke. Back in 1950, when Allensbach first began investigating the smoking habits of Germans, 51% of adults identified themselves as regular smokers.

The decrease in smoking, however, has been largely among males. The proportion of women who smoke has increased to 29% in 1980 from 21% in 1950. In the same period, the percentage of men who smoke plummeted to 53% from 88%.

The changes in attitudes and smoking habits are attributable to two stimuli, says the institute's report.

"For some women, taking up smoking meant breaking into a kind of behavior that had hitherto been regarded as the exclusive privilege of men. Men, on the other hand, can only have been induced by health considerations."

Some 40.2% of adults say they smoke. Given multiple choices, 32.7% said they smoked filter cigarettes, 6% cigarettes without filters, 2.5% cigars, 1.7% cigarillos, and 2.8% pipes.

Among men, smokers and non-smokers are now almost equally strong camps.

This, says the report, is certain to have an influence on legislation banning smoking in public places.

Drawing on two earlier surveys — in 1972 and 1976 — the report shows there is an upward trend among those favoring smoking bans.

In 1972, 61% of non-smokers and 24% of smokers favored "a law that would prohibit smoking on the job in general." In 1976, some 72% of non-smokers and 24% of smokers responded favorably to the question.

Adult IDs

LONDON — Two public houses in Havering in the county of Essex, England have tried to beat under age drinking by issuing identity cards to legitimate (that is over 18) regular customers. The idea, for the Bridge House and White Hart pubs, came from Havering licensing committee chairman John Ritchie who said he would like to see the scheme introduced nationally. The British Medical Association and the department of health and social security have welcomed the plan, but it has been opposed by the National Council on Alcoholism on the grounds it would alienate non-regular and regular customers.

Derek Rutherford, director of the council, said the real issue was for publicans to stop attracting young people in the first place.

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AADAC



INTERNATIONAL

... stiff liquor restrictions attract bitter response



By
Thomas
Land

WARSAW — Drunkenness in public places throughout this lovely but unprivileged capital of Warsaw illustrates Poland's problem.

The country's alcohol consumption is the second highest in the world (after France's). Observers who know Poland well consider drinking a long-established social ill, with cheap and easily available vodka traditionally deadening popular resistance to chronic shortages of housing and other necessities.

This explains the importance attributed to the support given by the popular trade union movement and the church to fresh measures announced by the government.

Naturally, the new rules have attracted a bitter response from

many Poles. But sociologists have been seeking just such measures for some years, arguing in public print that price rises alone would be unlikely to make a significant effect on the national alcohol consumption, and calling for tough new restrictions on the availability of drinks at any price.

The Roman Catholic newspaper *Slowo Powszechne* recently demanded a progressive reduction in the production of hard drinks as the only means of confronting the national disease. But the state's monopoly control over the lucrative, legal market for drinks has long been a powerful incentive to resist such pressures.

However, there are signs that the government's attitudes are changing in this sphere — as, indeed, in so many others.

At the insistence of the National Social Temperance Committee, the city of Warsaw recently introduced some stiff compulsory measures on an experimental basis, reducing drink sales through restrictions on advertis-

ing, licensing hours, and premises. Restaurants have been ordered to provide separate facilities for non-drinking patrons.

On certain days — including pay-days — Warsaw residents cannot buy a drink at all.

There have been many demands for similar measures from other parts of Poland. After much coy evasion by the government, the same policies are now expected to be adopted through the country.

If General Jaruzelski's (below) campaign succeeds the problem of public drunkenness in the streets of lovely but unprivileged Warsaw may wane.



Novel quitting guide

LONDON — A British publisher has come up with the novel idea of producing a book about the perils of smoking which looks very similar to a cigarette pack.

The book, called simply *Stop*,* is also wrapped like a cigarette pack of 20 king sized. It is, however, packed with facts, cartoons, statistics, and tips to help the smoker give up the habit.

It records, for example, that:

- In 1981 more than 50,000 deaths in Britain will be attributed to smoking.
- The risk of death from smoking is 10 times greater than the risk of death from a car crash.
- On average, the smoker knocks 5½ minutes off his or her life expectancy with each cigarette smoked.
- If a pregnant woman smokes more than one pack per day her baby has a 35% chance of dying before or at birth.
- At today's prices, someone who

smokes 20 a day in Britain will be £3,140 poorer over the next 10 years.

But the book also gives suggestions on how to give up.

* *Stop, A Guide to Non Smoking*, Penguin Books, Kingsgate House, 536, Kings Road, London SW10 OUH Price 95p.

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Kenyon dies

LIVERPOOL — Some of Britain's leading figures in the treatment and rehabilitation of alcoholics learned with shock at the opening of the 5th International Conference on Alcohol Related Problems in Liverpool, that its organizer, Bill Kenyon, had just died.

Mr Kenyon, described as "a tower of strength in the fight against alcoholism," collapsed from a heart attack on the eve of the conference's opening day.

His wife and deputy director of the Merseyside, Lancashire, and Cheshire Council on Alcoholism, Margot Smith, carried on with the administrative operation.

She told *The Journal*: "It is what Bill would have wanted."

Bill Kenyon was director of Britain's most impressive regional council on alcoholism, says Alan Massam, London correspondent for *The Journal*. "He will be greatly missed, both by fellow professionals and the clients he tried so hard to help. Bill succeeded where many other workers in the field fail, in that he was prepared to roll up his sleeves and get on with anything that needed doing."

(See Letters to the Editor)

NEWS

Sophisticated addicts refining Rx con games

TORONTO — Doctors and law enforcement agencies here are becoming increasingly concerned by the growing traffic in prescription drugs, says a College of Physicians and Surgeons of Ontario (CPSO) spokesman.

Cocaine, LSD, and other street drugs are staging a heavy comeback in availability, and marijuana is, as always, readily obtainable. But many narcotics users are turning from heroin to "legal" painkillers.

Prescriptions are filled cheaply at pharmacies, but can be re-sold for up to \$50 each. Ways of getting the drugs include burglary and confidence tricks where dealers and users pose as patients to get prescriptions for later resale.

CPSO spokesman Michael Dixon told *The Journal*: "We see this as a very serious problem indeed, and



we think prescription drugs now contribute very significantly to the distribution of illicit drugs."

Addicts posing as patients, he said, are becoming highly sophisticated in their approaches. "Some go into a doctor's office with an impressive list of symptoms. And they've taken the trouble to find out something about the presentation of a particular complaint."

Others work in organized groups, he said. "We have information which says they travel around the province in twos or

threes going from one community to another and making substantial hauls in the process.

"But however they go about it, they go to different doctors to get a collection of prescriptions to be sold on the black market for a handsome profit."

Some pseudo-patients go so far as to use props like neck-braces or crutches. "They'll also be able to answer the doctor's questions," Dr Dixon continued, "since they've been smart enough to give their approach a lot of consideration."

"Percodan and Dilaudid are probably the most sought-after drugs, and addicts go into a doctor's office with a set of symptoms which are consistent with the supposed condition. They're not just casual con-artists."

Dr Dixon said the college is trying to identify the ramifications

of these 'con' games so they can safeguard physicians and patients alike. One difficulty is the problem of physicians being honestly misled into believing the person has a legitimate need for drugs.

The college is making members aware of the difficulty by providing them with information on the tactics of addicts and the type of drugs being asked for, and generally by raising their awareness that a problem exists.

CPSO publications like the annual and interim reports carry warnings, and recent college notices emphasize the situation.

"We also know some of these people threaten physicians," he said, "but we don't really know how often because in many cases it's not reported. Doctors are reluctant because they feel it wouldn't accomplish anything, or because they just don't want to get involved. I suspect there are quite a lot of instances like this, but they're not widely reported."

"We are now advising members to greet new patients with a high index of suspicion if they demand specific narcotics. If they don't know the patient — these people often pretend they're from out of town or under another physician — we advise members to contact the doctor who is supposed to be treating the patient."

"This tactic usually deters further requests for drugs, but if they persist, another way is for the doctor to explore the supposed diagnosis thoroughly and to suggest referring the patient on, or to conduct the investigations himself to establish the truth of the claim."

Another problem is doctors who knowingly over-prescribe for profit, or simply through a lack of concern for the consequences. Their position would be something like, "who are we to stop an addict?"

But when doctors are thought to be over-prescribing with criminal intent, the college goes through its disciplinary routes, which can result in licences being revoked.

Last year, for instance, two doctors had their licences pulled by the college, and several other cases are now being examined.

"We get our information from a variety of sources," said Dr Dixon.

"We're very dependent on the Bureau of Dangerous Drugs, health protection branch, to advise on prescribing practices of suspect doctors, and we are in contact with various law enforcement agencies."

Another source of information will be through the CPSO's new peer assessment program.

"This has been operating on a pilot basis for over a year," he continued, "but it's really just getting started as a going proposition. We're now into the first phase where assessment teams of two peers — one in the specialty of the doctor being seen, and another from a different specialty — will visit 200 physicians on a random basis."

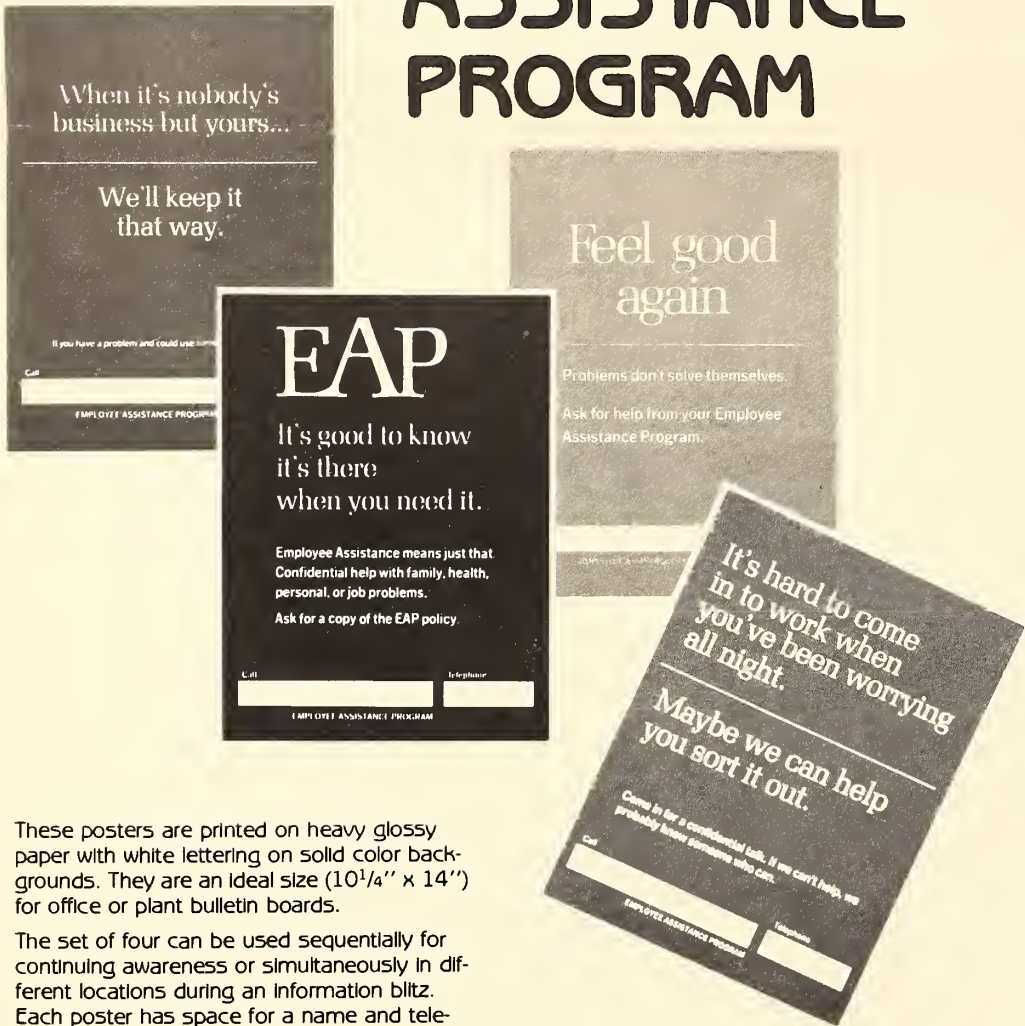
Dr Dixon said the teams will examine methods of practice, records, and so on. They answer to an assessment committee looking to uncover and remedy unprofessional practice.

"The responsibility of the college as a self-regulating body is to make sure our professional standards are being met," he continued, "and we feel the only way we can do that is actually to visit doctors in their own offices."

"If, for instance, the peer program representatives find someone over-prescribing, they can act at several levels. They give helpful advice, but they also make a report, and if the committee reviewing this is concerned, they can have the doctor re-visited after, say, six months."

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Smoking barred,
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takes off

LONDON — A bar at which "no smoking" was the order of the day has proved so popular at the Old Park Heights Hotel, Enfield, that local residents have protested about the volume of customers and the noise they have caused.

The local council has therefore issued an enforcement order to the owner, Michael Green, restricting the bar to residents of the hotel only. The original planning consent was for a residential private hotel and a "blind eye" was turned to the fact Mr Green was opening a bar to the non-smoking general public.

Mr Green told *The Journal*: "Customers have come from miles around for a drink without a smoke. There has never been any rowdiness, but what hotel or pub does not have problems of car doors being slammed at closing time." Mr Green said he had appealed against the local council's order.

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DEPARTMENT

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Number: 454.

Subject Heading: Impaired Driving; Drugs and Youth.

Details: 13 minutes; 16mm; color.

Synopsis: In this film it is shown that, although the consequences of marijuana use in general are subject to debate, the effect of marijuana intoxication on driving is known to be serious. THC, the

major component of marijuana, affects the brain and behavior, impairing some of the skills needed for driving. The impaired driving performance of people under the influence of marijuana is demonstrated. It is said that there are unpredictable effects and even greater danger when drivers use marijuana along with alcohol and other drugs, as is often done.

General Evaluation: Good - Very Good (4.8). This is a well produced, contemporary and informative film. It has a clear message, was judged to be a good teaching aid, and may help in decision-making regarding driving while under the influence of marijuana.

Recommended Use: For audiences 12 years of age and older.

B.A.C.'s Of Drinking And Driving

Number: 453.

Subject Heading: Impaired Driving.

Details: 16 minutes; 16mm; color. Synopsis: This animated film explains the concept of Breath Alcohol Concentration (BAC), one standard of the measure of intoxication. Ned and Ed, the "stars" of a cat and mouse show, learn about BAC when they find themselves in jail charged with driving under the influence of alcohol. To offset the bad publicity caused by this incident, Ned and Ed decide to produce a program in which they explain the effects of alcohol on the brain and behavior, the meaning of BAC, and how alcohol can impair driving. Ned, however, does not follow his own advice. In spite of warnings from Ed, he feels confident that he can drive after he has been drinking and gets into a fatal accident.

General Evaluation: Good (4.0). This is a contemporary, well produced and informative film, with a clear message. It is a good teaching aid and may help in decision-

making regarding drug abuse. Recommended Use: For audiences 15 years of age or older.

Women, Drugs And Alcohol

Number: 451.

Subject Heading: Women and Alcohol; Women and Drugs; Attitudes and Values.

Details: 21 minutes; 16mm; color.

Synopsis: Women are said to be in a particularly precarious position in a culture where drugs are offered as a means to deal with problems. Some of the factors which make drug abuse a problem among women are: the ease with which doctors prescribe drugs for them; the sexist advertising used by drug companies; the pressure and expectations placed on women

by society. Interviews with women and health professionals point out the extent to which drugs are abused by women, resulting in addiction and overdose. Women are urged to find other ways to solve problems, seek the help of a supportive community, and assume responsibility for their own health care.

General Evaluation: Fair-Good (3.5). This is a contemporary, well produced and informative film. It has a very strong emotional impact and may produce attitudes opposed to drug abuse. Some reviewers felt that its tone was overly aggressive. It received moderate ratings in all other categories.

Recommended Use: For audiences 15 years of age and older, particularly women and health professionals.

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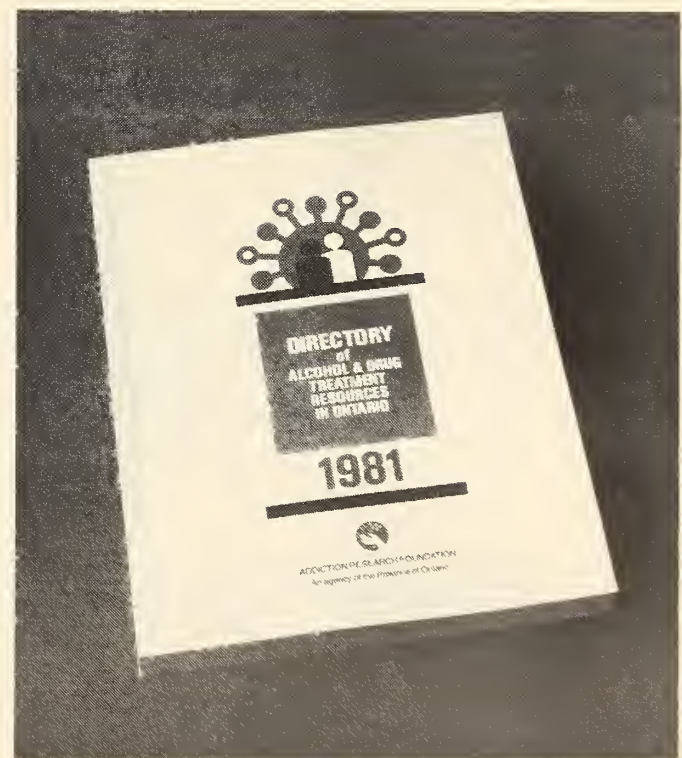
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DEPARTMENT

New Books by RON HALL

Prevention Of Alcohol-Related Problems: An International Review Of Preventive Measures, Policies, And Programmes

... by Joy Moser

This review has been prepared by the World Health Organization to facilitate the formulation and implementation of policies, strategies, and plans of action. It

sets out detailed information on the extent and nature of alcohol problems, on the range of preventive possibilities, and on the relevant policies and programs embarked upon in a large number of countries. The material has been obtained through an examination of the literature and by direct contact with individuals in more than 80 countries. Topics covered include: feasibility of preventive action; preventive policies; alcohol availability; levels of consumption and problems; legal, administrative, and price controls and their impact; monitoring alcohol-related problems and

assessing preventive action; and the development of programs for prevention of alcohol-related problems.

(Addiction Research Foundation, 33 Russell Street, Toronto, Ontario M5S 2S1. 1980. 286p. \$19.50.)

Medical Consequences Of Alcohol Abuse

... edited by P. M. S. Clark and L. J. Kricka

The major objective of this book is to describe the causes of drinking problems, organic and psychiatric diseases related to alcohol abuse, and treatment and rehabilitation of the alcoholic. It is aimed primarily at physicians and other workers, both medical and social, concerned with the care of the

alcoholic. Fourteen contributors are involved in the presentation of material dealing with the prevalence of alcohol-related problems; the etiology of drinking problems; alcoholic liver disease; alcohol-related diseases of the gastrointestinal tract; malnutrition in the alcoholic; endocrine, cardiovascular, and muscle diseases in the alcoholic; psychiatric disorders related to alcohol abuse; biochemical abnormalities; and treatment of alcohol dependence.

(John Wiley and Sons, Inc., 1 Wiley Drive, Somerset, NJ 08873. 1980. 282p. \$97.95.)

Problems Related To Alcohol Consumption

... report of a WHO expert committee

The main concern of this committee's report is to consider what can be done about alcohol problems on a broad scale. It examines the current situation, dealing with the diversity and changing patterns of drinking and the nature and extent of associated problems. The report discusses preventive measures, devoting considerable attention to limiting the availability of alcohol and reducing the demand through educational efforts and social measures. Issues involved in the management of alcohol problems are reviewed and consideration is given to the necessary steps in developing policies and programs at local and national levels. The report also examines the implications for international action and gives a series of recommendations based on giving clear priority to prevention.

(World Health Organization, 1211 Geneva, Switzerland. 1980. 72p. SW. fr. 5 — distributed in Canada by the Canadian Public Health Association, 1335 Carling Avenue, Suite 210, Ottawa, Ontario K1Z 8N8.

Alcohol And Drug Problems In Women: Research Advances In Alcohol And Drug Problems, Volume 5

... edited by Oriana Josseau Kalant

This volume is devoted to a comparison of alcohol and drug problems in women and men. The initial chapter provides a general perspective on the major issues and other topics include a discussion of temperance and women in 19th century America; sex differences in the epidemiology of alcohol and drug use, in the inheritance of alcoholism, and in the morbidity and mortality of alcoholics; opiate dependence in women; and the effects of alcohol and other psychoactive drugs on the fetus and offspring.

(Plenum Publishing Corporation, 227 West 17th Street, New York, NY 10011. 1980. 783p. \$55.00.)

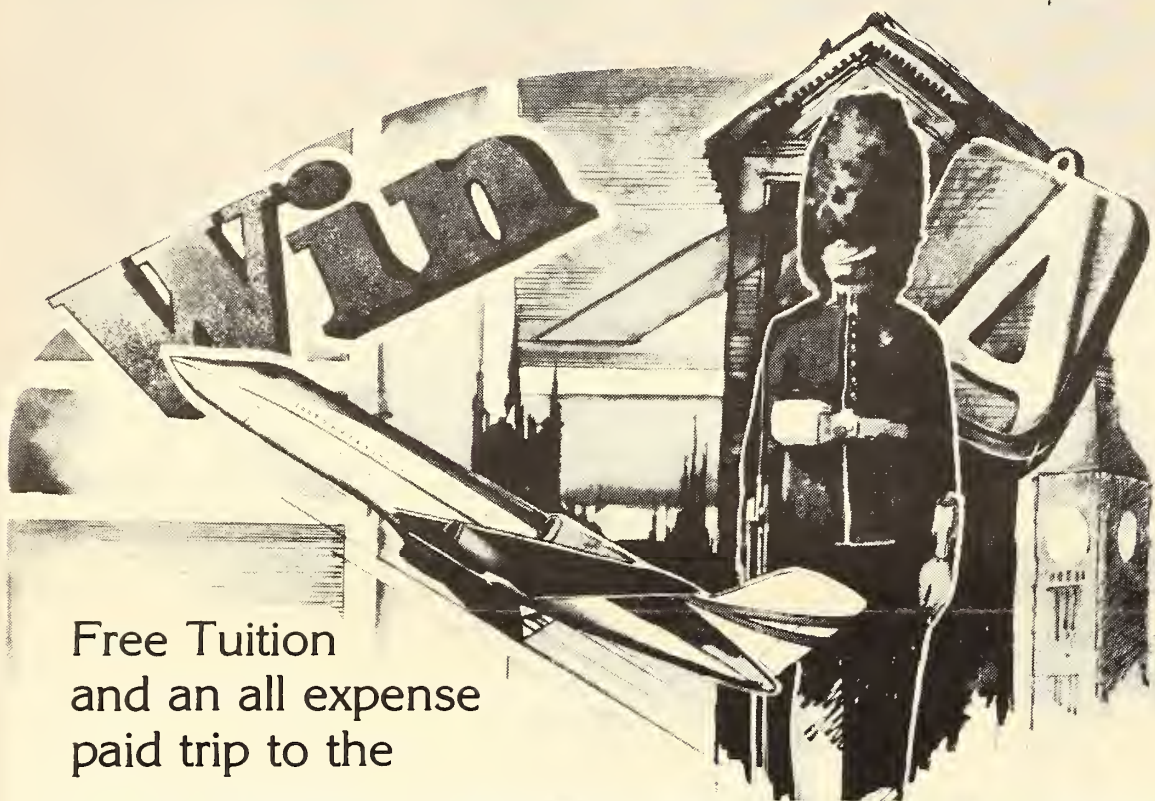
Other Books

Dialogue With A Marijuana User — High, Claude, Jay-Dee, Flint, 1980. Transcription of tape-recorded counselling sessions prepared for a counselling class assignment. References. 182p.

Psychopharmacology Of Alcohol — Sandler, Merton, Raven, New York, 1980. Sponsored by the British Association for Psychopharmacology, this collection of articles describes new avenues of research presented by the scientists responsible. Topics include ethanol metabolism, brain damage, and mechanisms of action. Index (references). 280p. \$27.00.

Directives On Advertising And Sales Promotions For Distillers — Liquor Licence Board of Ontario, Ontario Ministry of Consumer and Commercial Relations, Toronto, 1980. 11p.

Alcoholic Women In Treatment — Corrigan, E. M., Oxford University Press, New York, 1980. This study reports on interviews of 150 women entering treatment in 1974 and followed up a year later. Also interviewed were 33 non-alcoholic sisters and 20 husbands. Index, bibliography, appendix, 191p. \$20.00.



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Coming Events

Canada

Alberta Alcoholism and Drug Abuse Commission Summer School. Adolescent: Not Child and Not Adult — Aug 23-27, Calgary, Alberta. Information: Cal McMillan, AADAC, Community Extension Services, 1177-11th Avenue SW, Calgary, Alta.

Detox Training Program (Non-medical) — Sept 21-25, Nov 9-13, Toronto, Ontario. Information: Gord Gooding, Detox and Rehab Programs, Addiction Research Foundation, 33 Russell St, Toronto, Ont M5S 2S1.

41st Annual Conference of the American Medical Writers Association (AMWA) — Sept 22-26, Toronto, Ontario. Information: American Medical Writers Association, 5272 River Rd, Suite 370, Bethesda, MD 20016.

Input 81 4th Biennial Canadian Conference on Employee Assistance Program and Alcohol and Addiction Problems in the Workplace — Oct 4-8, Ottawa, Ontario. Information: Ingrid Norrish, Humber College, 205 Humber College Blvd, Rexdale, Ont M9W 5L7.

The Canadian Mental Health Association 63rd National Annual Conference — Oct 15-17, Chatham, Ontario. Information: The Canadian Mental Health Association, 2160 Yonge Street, Toronto, Ont M4S 2Z3.

Addictions 81: Perspectives on Research, Treatment and Education — Oct 28-30, Ottawa, Ontario. Information: Alcohol and Drug Services, Royal Ottawa Hospital, 1145 Carling Avenue, Ottawa, Ont.

Treatment of Anti-Social Youth: What Works? — Nov 9-10, Toronto, Ontario. Information: The Public Relations Office, Thistletown Regional Centre for Children and Adolescents, 51 Panorama Court, Rexdale, Ont M9V 4L8.

United States

Workshop on Chemical Dependency and Adolescents — July 26-31, Minneapolis, Minnesota. Information: Janet Winsand, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Ohio's Sixteenth Annual Teenage Institute for the Prevention of Alcohol and Other Drug Abuse — July 26-31, Gambier, Ohio. Information: Teenage Institute Coordinator, Ohio Department of Health, Division of Alcoholism, PO Box 118, Columbus, OH 43216.

7th Annual Summer School on Chemical Dependency — Aug 2-14, Minneapolis, Minnesota. Infor-

mation: JoAnne Terry, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

4th Annual Convention of the National Association of Prevention Professionals — Aug 4-7, Overland Park, Kansas. Information: NAPP, PO Box 3969, Eugene, Or 97403.

Employee Assistance Programs in Higher Education — Aug 5-8, Minneapolis, Minnesota. Information: Judy Johnston, Conference Coordinator, Employee Assistance Program, University of Missouri-Columbia, 215 Professional Building, Columbia, MO 65211.

5th Annual Summer Institute of Drug Dependence — Aug 9-14, Colorado Springs, Colorado. Information: The 5th Annual Summer Institute of Drug Dependence, PO Box 2172, Colorado Springs, CO 80901.

Pharmacology, Detoxification and Withdrawal: Basic Skills, Counselling Skills for the Nurse — Aug 10-14, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Pharmacology for the Alcohol/Drug Counsellor — Aug 17-18, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Orientation to Alcohol/Drug Dependency, Alcohol/Drugs and Family Health, Strategies for Prevention of Alcohol/Drug Problems — Aug 19-21, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Pastoral Training for Chaplains in Rehabilitation Settings — Sept 1-3, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Alcohol/Drug Counselling Skills — Sept 14-18, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Alcoholism and Drug Abuse in the Northwest: Developing Prevention Strategies — Sept 17-18, Seattle, Washington. Information: Nancy Sutherland, Alcoholism and Drug Abuse Institute, 3937 15th Ave NE, Seattle, WA 98105.

Alcohol/Drug Dependency and Mental Illness — Sept 21-22, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Control Issues in Alcohol Abuse Prevention: Local, State and National Designs for the 80s — Sept 27-29, Charleston, South

In order to provide our readers with adequate notice of forthcoming events, please send announcements, as early as possible, to: The Journal, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.

Carolina. Information: SC Commission on Alcohol and Drug Abuse, 3700 Forest Drive, Columbia, SC 29204.

Medical Conference on Alcoholism and Drug Abuse and 14th Annual MAAA Fall Conference — Oct 17-20, Mackinac Island, Michigan. Information: Diane Vella, Michigan Alcohol and Addiction Association, 23450 Middlebelt, Farmington Hills, MI 48024.

Evaluating Alcohol and Drug Programs: Current Methods and Findings — Oct 28-30, Minneapolis, Minnesota. Information: Leslie Nyberg, Evaluation and Research

Department, Box 11, Center City, MN 55012.

Abroad

The International Congress On Drugs and Alcohol — Sept 13-18, Jerusalem, Israel. Information: Conventions Department, Israel Government Tourism Administration, 350 Fifth Avenue, New York, NY 10118.

Sixth World Conference of Therapeutic Communities — Nov 15-20, Manila, Philippines. Information: Peter Vamos, Executive Director, The Portage Program for Drug Dependencies Inc, 3418 Drum-

mond Street, Montreal, PQ H3G 1Y1.

12th International Institute on the Prevention and Treatment of Drug Dependence — March, 1982, Bangkok, Thailand. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.

28th International Institute on the Prevention and Treatment of Alcoholism — July 5-9, 1982, Munich, Fed Rep of Germany. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.



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Canada's psychotropic realities

Ten years after the drawing up of the United Nations Convention on Psychotropic Substances, Canada finally seems on the verge of signing the treaty. Dr Alex Morrison, head of the Health Protection Branch of Health and Welfare Canada, talked with Pat Ohlendorf of The Journal about what it would mean for Canada to sign the treaty, why the decision has been delayed for so long, and the problems with some of these drugs in Canada.

The Journal: Dr Morrison, what is the feeling here in government about ratifying the United Nations Psychotropic Convention?

Morrison: Consensus has been reached at the official level and we are now in the process of making a firm recommendation to the Minister [of Health, Monique Bégin], who of course makes the final decision.

How would signing the psychotropic treaty affect Canadians?

There really wouldn't be many implications. We have a degree of drug control in this country now which is very close indeed to that which is required under the Psychotropic Convention. There would have to be some minor modifications, but it's not as though we were required under the treaty to go from very inadequate levels of control to high levels of control. We're already at those high levels of control. So, for Canadians, life would go on very much the same.

What good would it do, then, to sign the treaty?

It's really a question of international responsibility. Canada is very much a part of the international community, and has to be seen to be, as well as be, a good citizen in terms of its control of drugs. For this country — which is internationally recognized as having very high standards of drug control — to accede to the Convention has a symbolic value far beyond its actual, substantive worth in terms of changing our own drug control practices.

One of the chief complaints of many developing countries is that the treaty isn't effective because so many countries haven't signed it. Would part of Canada's goal be to try to make the treaty more effective by signing it?

Well, the Third World countries have said there has been a certain hypocrisy on the part of the industrialized West, which has been very righteous in its demands that the natural narcotics grown in Third World countries be controlled, but yet has swept under the rug the real issues of chemical dependence on a lot of the synthetic products produced in western laboratories. The Third World sees the hypocrisy in that kind of attitude and is quick to point it out. I think that an attempt by western governments to show that they are serious about trying to control psychotropics on an international basis would go a long way toward dispelling the cynicism of the Third World in that respect.

But Canada is not a major producer of these substances.

Oh, we're certainly not a major producer at all. But there's a symbolic value in showing that Canada is as concerned about the control of chemicals as it is about the control of natural narcotics.

Has there been, or do you expect there to be, opposition from the pharmaceutical companies if Canada signs?

I don't expect that would be very strong. With the United States now acceding to the Convention, much of that opposition drains away because most of our companies here are branch plants of US parents. So I don't think that is an issue. I think the pharmaceutical industry has come to grips with and made its peace with the Convention.

Are there major problems with psychotropic drugs in Canada?

Oh indeed. There are both non-medical use and abuse situations. Schedule I [of controlled drugs in the psychotropic treaty] is the hallucinogens, and there are really significant illicit drug problems in Canada with them. LSD continues to be a major concern on our streets; we've had a resurgence of LSD availability recently.

Schedule II is the amphetamines and the amphetamine-like drugs. We have very serious problems with diversion to the illicit market of legal supplies of products such as methylphenidate. There are also significant problems with the illicit

amphetamines — amphetamines with no known medical use but of clear street value.

Are they being produced here?

Some of them are produced in Canada in illicit laboratories. The RCMP (Royal Canadian Mounted Police) are constantly breaking up clandestine laboratories.



Morrison: "You can't share all that sorrow. It's easier sometimes to give drugs."

They're also shipped into Canada from outside in a very major way because we have a North American market as well as an international market. It's not uncommon for us to find amphetamine products or hallucinogens on our market which we know have been produced in California or the Canary Islands or western Europe or somewhere else.

In terms of the barbiturates in Schedules III or IV — there are clearly a lot of instances where those products are improperly used, although many of them have significant therapeutic usefulness. They are either abused by people who are addicted to them and obtain them by fraudulent means from physicians — such as stealing prescription pads or double doctoring — or they are misused in the sense that they may be inappropriately prescribed by physicians, often under psychological pressure from patients. People are very skilled at feigning medical symptoms, very skilled at eliciting the sympathy of a physician, very skilled at playing on his own ego needs.

I can think of one person in Vancouver, for example, who a few years ago had prescriptions for barbiturates from 44 physicians over a three-month period. She was an immensely capable manipulator, and doctors are, in the main, trusting people who are simply no match for this.

You sent a letter around to physicians about a year ago, didn't you, warning against overprescription of barbiturates? or was it tranquilizers?

It was primarily the minor tranquilizers, and that's, of course, a major issue in our society now: the over-use of the minor tranquilizers. They're listed in Schedule IV of the treaty.

We recently had an expert advisory committee which produced a therapeutic monograph on minor tranquilizers for distribution to the Canadian medical profession. This was done by non-government physicians. We wanted to get people who were clearly recognized by their clinical peers as being the experts in the clinical use of these drugs. Their recommendations suggested that there often are circumstances where the minor tranquilizers are inappropriately prescribed and inappropriately used.

What is an example of inappropriate prescription?

Well, minor tranquilizers may be prescribed for situations where there is no clear medical indication — for example for the "empty nest" syndrome, or for people who are grieving and really need to be counselled and loved and cared for much more than they need to be given medi-

cation. The handling of the normal stresses and vicissitudes of life by drug means rather than by caring and sympathy and human feeling is probably an inappropriate use of the drug.

It's probably a symptom of our society, though. So many people are isolated — it's easy to give somebody a pill.

It takes much less time, it takes much less commitment, it's much less psychically enervating. It wears you down to talk to 50 people a day, all of whom have troubles. You can't share all that sorrow, you can't share all their burdens. So it's much easier sometimes to give drugs, I would think.

What's the answer to this? Doctors are awfully busy.

Yes. I don't blame doctors. They get tired and they get fed up and they get all of the other things that all the rest of us get, and yet somehow society expects them to be above all that — to be able to dose out sympathy and commiseration and listen to the woes of the world on an unending kind of basis. It's not realistic to ask physicians to do that.

So if you're recommending to physicians that they cut down on tranquilizer prescriptions, are you suggesting what they should do instead, to help these people?

We really aren't in the business of trying to practice medicine, and we don't think it appropriate for the government to be trying to do that.

We're not saying: "Doctor, you are using too many tranquilizers." What we're saying is: "Doctor, think about it. Make certain that for your practice and for your patients, your use is appropriate use." We can't take the place of the physician's professional judgement — he's trained to do that, she's trained to do that.

Hasn't there been a decline, though, in the number of prescriptions for tranquilizers over the last few years?

There has certainly been a plateauing, yes. We're not continuing to go up. And that suggests, since the appetite for mood-modifying drugs is essentially insatiable,



that there's perhaps ... a more careful appraisal of whether they really are the appropriate methods of treatment.

So there's some optimism.

I think we have an excellent medical profession in this country. I think they're really quite capable of making the adjustments that are needed if the adjustments are pointed out in the right kind of way. It's been our experience that when physicians are taken in, are victimized to prescribe drugs to people who don't need them, in the vast majority of cases they're very grateful to have that pointed out to them. I have a lot

of confidence that the medical profession as a whole is very responsible and very capable of making appropriate adjustments.

A major argument I've heard against Canada signing the psychotropic treaty is the expense involved — the bureaucratic machinery and the additional paperwork that the Convention would require.

There certainly is some expense, there's no question about that. We've been looking at ways to reduce that expense — to keep the spirit and to do what is required under the Convention, but not just to produce more forms, more rigmarole, and more bureaucracy. We think that we can accede to the Convention with a relatively modest cost.

That's the first time I've heard that.

Well, we think it would take about half a million dollars a year and about 14 man-years.

What was the real problem, then, for 10 years? It must not have been cost.

One of the problems was we felt the intentions of a few key supplier countries had to be firm. The US only signed last year; the United Kingdom and Switzerland have not signed yet. So for us to rush in just to be number one on the signatory list would have given us the feeling of being righteous, but wouldn't have had much meaning because the major weight of international opinion clearly focuses around those supplier countries. We wanted to see whether the Convention was going to go or not. We believe now, with the US signing, it will go — there will inevitably be increasing international commitment of the big countries to it.

Then there was the factor of cost, but we believe that we can deal with that by making certain that we concentrate our efforts on those parts of the Convention where we do need to increase our control.

What are those areas?

We'll be automating our wholesale transactions systems for those drugs that are controlled, just because of the increased volume. It should be automated anyway, so we're really not jumping into something we wouldn't want to do in any case. We'll also have to move a few drugs around, but those are not significant changes at all.

What does that mean — "move a few drugs around?"

Well, for example, mescaline is currently under Schedule F of the food and drug regulations. It would be moved to Schedule H probably, or perhaps to Schedule G.

What would that mean?

Only a slightly increased level of control over transactions. Schedule F drugs are prescription drugs.

But how does mescaline fit into that? Does anybody prescribe it?

No, it has just traditionally been on Schedule F because we felt there needed to be some level of control, but we've never had prescribing problems with mescaline in this country. It is a component in peyote buds and is used in religious rites by certain of the native peoples in western Canada. So we want to be careful not to tread on legitimate religious use.

At the same time it is clear that we will need to have a somewhat increased level of control. Mescaline will have to be moved to either Schedule H, which would put it in the same category as LSD, or Schedule G, which would put it in the same category as the control drugs.


It now looks as though the UN narcotics and psychotropics treaties are going to be revamped, possibly even combined. How do you feel about that?

I think that you have to look continuously at whether the law is in accord with scientific knowledge on the one side and legal and medical practice on the other side, so I don't think you can consider either of those treaties to be written in stone. They have to be adjusted as the knowledge base on which they supposedly rest is changed. That doesn't worry me.

Do you feel anything still needs to be ironed out before Canada signs the psychotropic treaty, or is it all clear to you?

It's clear as a bell to me. I think I know what needs to be done and should be done.

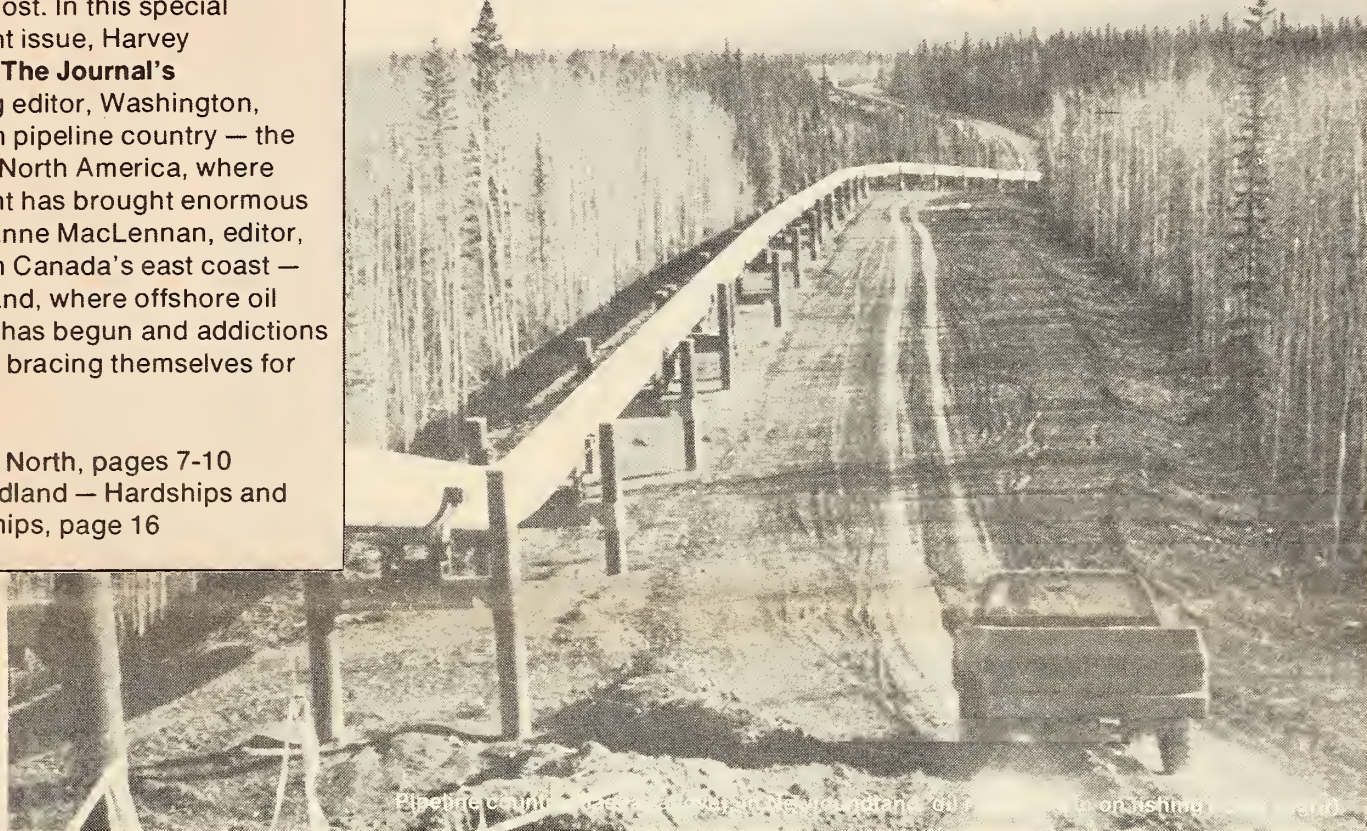
The Journal

Published monthly by Addiction Research Foundation  WHO Collaborating Centre for Research and Training on Alcohol and Drug Dependence Problems

New money, new jobs, new hope. They're benefits of rapid development on the new frontiers. Social problems, including skyrocketing rates of addiction, are part of the cost. In this special development issue, Harvey McConnell, *The Journal's* contributing editor, Washington, reports from pipeline country — the far north of North America, where development has brought enormous problems. Anne MacLennan, editor, reports from Canada's east coast — Newfoundland, where offshore oil exploration has begun and addictions workers are bracing themselves for trouble.

- The True North, pages 7-10
- Newfoundland — Hardships and drilling ships, page 16

BOOM COUNTRY ADDICTIONS



Canada must get tough: Alaska

By Harvey McConnell

WHITEHORSE — Strict rules, rigidly enforced, is the only way Canada, if it has learned any lessons from Alaska, will avoid enormous problems when a natural gas pipeline is finally constructed.

A dramatic rise in alcohol and drug abuse will be one.

The consensus is that the pipeline will one day be built from Alaska's Prudhoe Bay south to join the Alaska highway into the Yukon Territory and British Columbia before dividing to serve the United States west coast in Chicago.

The pipeline has been talked about for years and Canadian financiers are still working out arrangements for construction. Whitehorse has gone through a mild boom and bust; businesses which were started in anticipation of pipeline construction have gone bankrupt.

A major stumbling block, aside from financial considerations, is absolute opposition by natives in Canada to any pipeline construction until their land claims are settled with Ottawa.

Yukon officials do not think the territory will experience some of the horrendous problems the oil pipeline produced in Alaska.

The Council of Yukon Indians is opposed to the pipeline construc-

tion, as are most individual bands. Militants in some areas, particularly in northern British Columbia, have threatened to blow it up.

The impact of the oil pipeline construction in Alaska has been absorbed and repeated in the Yukon, and hardened opposition.

At the same time, native leaders point out that jobs have been promised to natives, but so far no efforts have been made to train anyone for the skilled welding and other crafts which will be needed.

Bob Martel, who worked with 12 native bands with the Yukon Office of Alcohol and Drug Services, declared: "The biggest problem with the pipeline is that it disrupts the community as it is. Many communities have a leadership which sets a standard which is acceptable to the people. You bring in pipeline construction and all that goes. You bring in wealth and people want more wealth, and that is scary."

James Davies, Deputy Minister of Health and Human Services for the Yukon government, said there is great concern about the project. "We know what it means when you have an influx of many people, earning big money, living in camps and coming into town."

"It has a total social impact, from the cost of housing to congestion in the street. There is a feeling of being invaded and your life changing around you without

being able to control it. Then there are other problems, like drugs and alcohol."

Robert Cole, executive director of the Alaska Office of Alcoholism and Drug Abuse, believes his state will be much better prepared for the gas pipeline construction in light of what happened when the oil pipeline was laid down.

"One thing we know for sure is that while the pipeline is being constructed there are going to be a terrific number of people living and working, and not working, who won't stay and have no intention of staying when they come."

"There was a whole narcotic distribution ring in conjunction with the oil pipeline operation. There was a terrific amount of theft of material and money in one form or another on the project. We had a lot of affiliated ancillary crime, particularly in Fairbanks, and a lot more armed robbery. Prostitution and gambling were the other major phenomena."

The effect on the native population was mixed. The pipeline injected enormous amounts of cash into what were then subsistence communities, which changed certain tastes and ideas. In some communities people have adapted to a different way of life, while in other communities there have been problems with chronic drunkenness and illegitimate births.

Mr Cole visited the Yukon two

years ago to offer his advice. "I suggested some kind of bonding situation which would project what the impacts are going to be. Then the oil companies would be charged for it. I see no reason not to do that because the oil companies are going to make plenty of money off the pipeline."

"It has been said before, but one of the tests for economic development is whether it will pay for itself, not only in pure economic terms, but will it pay in terms of the net social and economic impact in whatever region or community it operates in."

Dr Earl Albrecht, affiliate professor of medical science at the University of Alaska, who has lived in the state for many years and was health commissioner in territorial days, said: "All we can

warn Canada is to get plenty of control. You have got to have plenty of Mounties to control liquor and drugs coming into the camps."

"Give them good investigators to really get the drug pushers. If, say, an area is going to have 1,000 workers nearby, then during that period triple the police force."

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NEWS

Briefly...

CHICAGO — Sixty percent of respondents to an American Osteopathic Association telephone survey said they feel people are losing faith in their doctors. Forty-nine percent of the 1,003 surveyed rated the health-care system of the United States as fair to poor. These findings contrast with a 1979 study by the American Medical Association, in which 88% said they were satisfied with their medical care.

LONDON — Ben Pluckett, an American who recently established a world record in the discus throw, was banned from international competition for life after urine tests showed the presence of anabolic steroids. Gael Mulhall, the Australian women's discus and shot put champion, was also banned by the International Amateur Athletic Federation.

AUSTIN, TX — Model legislation to expand group health insurance benefits to include coverage for alcoholism and other drug dependency treatment in treatment centres was approved by the National Association of Insurance Commissioners recently. The model benefit package includes a provision to include coverage for family counselling and care. "Too often in the past, treatment ended when the patient was released from the hospital," said William P. Daves, Jr, who chaired the task force recommending the package. "And sadly, it wasn't long before the patient was back again. We now realize the continued counselling and followup are vital if this 'revolving door syndrome' is to be stopped."

SHEFFIELD — Children are an important source of information for parents on smoking hazards, following health education classes. But there is, as yet, no discernible effect on the smoking habits of the parents. So concluded a controlled study carried out among parents of children in 14 primary schools here, conducted by Sheffield education officials and Health Education Council workers.

LONDON — British companies are more enlightened about dealing with employees with drinking problems than they used to be, says the administrator of Galsworthy House, which treats patients referred by the companies. Peter Coyle notes, however, that the prospects are not good for the problem drinker who is poor. There are few National Health Service facilities, and health insurance excludes payment for treatment connected with alcoholism.

DENVER — A report from Denver General Hospital warns of the misuse by narcotics addicts of two common anti-parkinsonian medications — benzotropine mesylate and trihexyphenidyl hydrochloride — as hallucinogens and euphorants. Narcotics users are more sensitive to the drugs, which create possible vision blurs, mental confusion, and hallucinations.

Kenora jails Indians unfairly, says ONCJ

TORONTO — Indians in the troubled township of Kenora are in effect being discriminated against and going to jail for non-payment of fines following alcohol offences, says a preliminary report by the Ontario Native Council on Justice (ONCJ) here.

Kenora, about 125 miles east of Winnipeg, was headlined in 1960 when local Indians staged a march to focus public attention on their difficulties. Fifteen years later they occupied Anicinabe Park, a 14-acre tract of land they said was part of a nearby reserve (*The Journal*, Nov 1979).

The occupation sparked several police confrontations and was widely covered by the media. The Kenora Street Patrol, run by local Indians to keep native drunks out of jail, resulted.

Now the ONCJ document says on average each defaulter, unable to afford nearly \$120 in fines, spent 33 days in prison instead. All inmates had served time for at least one liquor offence, and most also had other convictions during the past 12 months. Seventy-five percent were jailed for fine default on average two-and-a-half times, but only one individual had previously had an opportunity to do community service as a probation condition.

Prison as a way of meeting unpaid fines is "being employed to a greater extent with one race of citizens than other races," states

the report. "Although Native people constitute about one quarter of the total population in Kenora area, 97% of the incarcerated fine defaulters in the study were of Native ancestry."

"The simple fact that imprisonment, which is the most severe sanction of the criminal justice system, is being used so heavily with a minority group is surely cause for alarm, and should accelerate the search for alternative solutions to the problem of fine collection."

The purpose of the survey, to be repeated this summer, was to gather information to help plan a possible fine options program in Kenora under the Provincial

Offences Act. This would be relevant to the special needs of natives in Ontario.

Most fine defaulters earned on average only \$400 a month, and 78% said they did not have enough money to pay the fines. Most, however, said they were in good health and had skills potentially useful in community service programs. These included cooking, gathering wild rice — plentiful in the area — painting, pulp-cutting for nearby paper mills, day care, and sewing.

But "fine defaulters in the Kenora area may not be receiving by mail the necessary legal notices pursuant of the Provincial Offences Act," the report continues.

"The findings show that the proportion of incarcerated fine defaulters who remember receiving their legal notices for provincial offences declines markedly as their cases proceed through the various stages from a personally-served offence notice (95%) to a mail-delivered notice of fine (67%) to a mail-delivered notice of intent to issue a warrant (47%)."

Forty percent claimed they missed their last opportunity to avoid imprisonment because they did not receive a notice of intent.

Jailing fine defaulters is an expensive and questionable use of public funds, the paper concludes.

"For every dollar in unpaid fines which is satisfied through imprisonment, the government of Ontario is spending \$17. For every fine defaulter who is diverted from jail, the public might save up to \$1,980," it declares.

"Poverty is a major contributing factor to fine default. Seventy-eight percent of the sample reported that they did not have the money and could not have obtained the money to fully pay their fines."

"Should any citizen be serving a term of imprisonment when he or she (the ratio of men to women in the survey was four to one) has not been sent to jail by a court of law? Are some offenders being unjustly penalized simply because they fail to receive their mail? Should the notice of intent to issue a warrant be personally served?" are the questions asked.



US fears a merger of FBI and DEA

By Harvey McConnell

WASHINGTON — There are fears United States efforts abroad to fight drug trafficking will be seriously compromised if the Drug Enforcement Administration (DEA) becomes part of the Federal Bureau of Investigation (FBI).

A merger appears to be the aim of the White House following dismissal of DEA administrator Peter Bensinger, and his interim replacement by Frances Mullen, a top criminal investigator in the FBI.

The move adds more confusion to the chaos in Washington about the future of the substance abuse field and the aims of the Reagan administration seven months after taking office.

Until now, DEA agents have

operated with great success in a number of countries, including Canada. They have received close cooperation, in most cases with enforcement officials, and have also helped to bolster local enforcement efforts.

The position of the DEA agents would be compromised, even if the agency remains a separate unit in the FBI, because of the serious abuses of power in past years by the FBI and the Central Intelligence Agency (CIA).

Mr Bensinger, a Republican, refused to play ball with the administration and fought successfully to keep a large part of the DEA budget in the coming financial year. This elicited criticism by attorney-general William French Smith that the agency was not doing enough in the fight against drugs, and he called for

more FBI responsibility in the field. Mr Bensinger was asked to resign.

A formal merger would probably require official approval by Congress. Both agencies are part of the department of justice, but the DEA has authority to operate abroad, while the FBI is a domestic agency and does not have that authority.

The paradox of the Reagan administration calling for more efforts against drug trafficking, and at the same time trying to reduce the number of DEA agents, has upset Senator Sam Nunn in particular.

Senator Nunn raised the roof when it was learned the number of agents in the "Golden Triangle" would be cut just when it has become obvious there will be a bumper opium poppy harvest in the Southeast Asian area.

At the same time, Senator Nunn has convinced the administration and the defence department to allow military personnel to help civilian drug enforcement officials fight international trafficking. The military will not make arrests or seize drugs, but can put to use their sensitive intelligence operation to keep track of planes and ships believed to be carrying drugs.

The military has said it will co-operate, with the provision that the efforts do not interfere with military preparedness.

Critics of any merger note one irony: most of the FBI abuses happened during the reign of J. Edgar Hoover, yet Hoover was dead against involving the FBI in narcotics matters because of fears agents could be corrupted by the enormous amounts of money involved in trafficking.

A merger would not only play havoc with DEA morale, it would



Bensinger: wouldn't play ball.

also cost much more to carry out than the seven million dollars trimmed from the DEA budget in the next financial year.

Meanwhile, puzzlement is the order of the day about what the budget cuts proposals will mean to the substance abuse field. Senate and House proposals are at variance and compromises will be needed.

In the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) plans have been drawn up for reduction of force. Staff have been told which positions have been abolished and who stands where in the bureaucratic pecking order.

In Congress, no one has yet replaced Lester Wolf as chairman of the house select committee on narcotic matters.

As one long time observer of the Washington scene said: "We just have no idea of what Reagan's drug policy is. We have gone from Presidents Nixon, Ford, and Carter accepting a clear federal responsibility for provision and funding of treatment of services, to saying there is no federal treatment responsibility."

"I think all of this will put the drug abuse problem back more than ten years."

Drug powers to PEI police

TORONTO — Police in Prince Edward Island have been given sweeping powers to deal with alcohol or other drug abusers.

New legislation gives police authority to take citizens from their homes without warrants and detain them in alcohol or drug treatment centres without laying charges.

An amendment to the PEI Mental Health Act says a police officer "may enter private premises to remove a person considered by him to be suffering from a mental disorder caused by the use of alcohol or other chemical substances" and place the person in a psychiatric unit or treatment centre.

The second bill, the Addiction Services Act, gives police power to take into custody any person found in a public place "apparently in an intoxicated condition . . . and if it

appears to the officer that the person may be in need of remedial treatment by reason of the abuse of alcohol or drugs, he shall take him to a treatment facility designated by the minister."

Anyone detained must be medically examined within 72 hours and can then be detained for 14 days if a doctor is satisfied that the person needs treatment or should be detained in the interest of his own safety or that of others.

Where the director of addictions services is satisfied the person is a chronic alcoholic and requires long term care, he may apply to a provincial judge for a committal order not exceeding six months.

The act prevents anyone who has undergone treatment from launching a civil suit for damages against the director, doctors, and staff.

Feminist writer calls for an end to 'ladykilling'

LONDON — Smoking now kills and maims more women than cervical and breast cancers combined, yet the women's movement remains apparently unmoved.

This indignant message comes from an ardent feminist, Bobbie Jacobson, whose hard-hitting book urges an immediate reappraisal of addiction problems by her campaigning sisters.

Ms Jacobson says: "Breast cancer and cancer of the cervix have become concerns of the women's movement, but smoking and other equally pressing problems such as alcoholism have not. This is not just because women are reacting against society and the medical profession which exhorts us not to smoke for our children's sake. The long-standing libertarian tradition of feminism tends to view anti-smoking campaigns as yet another manifestation of male 'experts' telling women what they can or can't do with their bodies."

"But the main reason is that women's organizations still see their priorities in the terms their sisters died earlier this century. At that time, an almost total lack of political and legal rights, superimposed on economic hardship, forced women to concentrate on reproductive issues. But today the climate is different. Western women rarely die in childbirth and the birthrate has been falling. Although the right to safe fertility control is still vital, health issues for women have spread beyond the genitals."

The book makes out an extremely strong case for intervention in the rapidly growing health risks for women. The author notes that the proportion of men who smoke is going down in many industrialized countries, although it is not easy to find a country where the same is true for women.

Not only is the proportion of women smokers increasing in

many countries, so is the amount they smoke. In 1950 the average British woman got through half as many cigarettes as her male contemporary. Now she has almost caught up with him, smoking more than 15 cigarettes a day. In the United States, men smokers are smoking only marginally more heavily than 25 years ago, but women smokers have increased their cigarette smoking by 60% making them the heaviest female smokers in the world.

Ms Jacobson goes on to report that when she worked for the British anti-smoking lobby group ASH (Action on Smoking and Health) three quarters of the applications for help came from women. She says women are as aware of the risks of smoking as men yet have a lower success rate in every occupational age group when they attempt to quit.

Further confirmatory evidence comes from wide-scale national surveys conducted in several countries which show that women are only about half as successful as men at stopping smoking, and that this finding applies across most age and social groups. Yet women are paying a high price worldwide.

In Britain in 1977 more than 8,500 women died from lung cancer. This means one woman died of lung cancer in Britain every hour of every day of the week, to maintain the country in its unenviable third position in the Women's World Lung Cancer League (after Hong Kong and Cuba). Although US women were ninth in the league (and Canadian 11th) the American Cancer Society estimated that more than 70 American women would die of lung cancer every day in 1980.

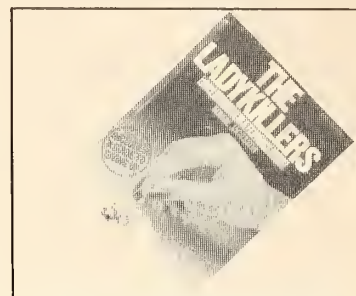
To highlight the social forces harming women she particularly calls attention to the failure of the nursing profession to react to smoking in the same way as the medical profession has.

Hospitals — a microcosm of male dominance — represent a society where workers are divided not only by race and class, but also by sex, she claims. Nurses' smoking rates are twice as high as those of their medical colleagues and they have only half the success of the doctors when trying to quit.

The author notes the tobacco industry has been very successful in attracting women to cigarettes. She says although there are advertisements which portray women as sex objects, the

cigarette advertisers have succeeded where other advertisers and health educators have failed — in taking women seriously. The women in the most successful advertisements are depicted as independent people with their own lives and interests.

The Ladykillers, Bobbie Jacobson, Pluto Press, 10 Spencer Ct, 7 Chalcot Rd, London NW1, or Pathfinder Press, 1317 rue Ste Catherine Est, Montreal, PQ, H2L 2H4. Tel: 514-856-9848.



Jacobson: astonishing rise in tobacco-related problems for women.

Anti-euphoria pill cuts joy of drink

By Gordon McIntosh

MONTREAL — A psychologist here says he has found a pill to take the joy out of drinking for alcoholics.

Dr Zalman Amit told *The Jour-*

nal the pill, known as H-102, will enable a person to drink all day without feeling high. The idea is to take away the exhilarating effect of alcohol to make it easier to stop drinking.

Dr Amit says H-102, originally marketed in Europe by a Swedish

pharmaceutical firm as an anti-depressant, simply stops the chemical change in the body that produces a state of euphoria.

In the last six months, he has studied 72 volunteers, all of whom were regular drinkers but not alcoholics. He says they cut their drinking by an average 60% after taking H-102.

While he says the pill may not be a miracle cure for alcoholism, the Concordia University psychologist believes H-102 may some day be part of standard treatment for alcoholism. Those who drink and take the pill will still slur their words and lose coordination, Dr Amit says. But since pleasure will have been removed from drinking they will drink less.

Dr Amit says he has been researching the drug since 1969. He came upon it while looking for an existing drug that would interfere with the alcohol-induced high.

The first 10 years of experiments were conducted with animals. He says he plans to test the drug with alcoholics this winter, and it will be marketed in the following months by the Swedish firm, Astra Pharmaceuticals, which retains the patent, with Dr Amit's help.

Skid roaders shut out

VANCOUVER — Vancouver's Skid Road liquor store was closed July 1 for a six month trial period.

The tile-fronted store, which sold 1,000 bottles a week of Caravel Ruby Red, was a daily stop for many of the chronic alcoholics who dot the streets and alleys of the neighborhood.

The closure was ordered by consumer and corporate affairs minister Peter Hyndman after he was presented with a 4,000 signature petition from local residents and businessmen in support of closing.

The store — officially branch Number 54 of the provincial liquor monopoly at Main and Hastings — was said to be the focus of disorderly behavior — behavior that disappeared during a recent four-day closure of the store during a wild-

cat strike by store clerks.

Mr Hyndman says the closure is not an isolated measure.

Nearby liquor stores, for example, have been asked to remove from their shelves the cheap products favored by indigent alcoholics — including the popular Ruby Red which, at \$2.14 for a 26 ounce, 14% alcohol jolt, was sold straight from the carton at Number 54.

The Vancouver health department was also requested to closely monitor sales of bay rum and other high-alcohol products that might be substituted by the thirsty vagrants.

Mr Hyndman promised to push for an early opening of the city's complete, but so far idle, 60-bed alcohol detox centre.

They'll go wild over 'Musk-Ox Ale'

By
Wayne
Howell



"The first thing you must understand, said Professor Bottomsworthy, "is the relationship between beer and laundry detergent."

What did this have to do with my initial question? Nothing at all as far as I could see. But I knew better than to interrupt the professor. He would get to the subject in his own time, and in his own way.

"Beer and laundry detergent have two things in common. The first thing is suds. The second thing is sameness. Since the differences between various brands of beer and the differences between various brands of laundry detergent are more or less negligible, advertisers have to plug the image of the product rather than the product itself. Image is all. Understand that and you understand the phenomenon of Moosehead."

"I do?"

"You want to know why a very ordinary beer that has been kicking around our Maritime provinces for 50 years has suddenly become a sensation in the United States? You want to know why it is one of the top 10 best-selling imported beers in the United States even though it has only been on the market for four years? You want to know why there are Moosehead fan clubs, wall plaques, T-shirts, and

bumper stickers? Simple — just look at the label. What do you see?"

"I see the head of a male moose in profile," I said.

"Right. Now think about it. The moose is big, hairy, and smelly, and it doesn't take any crap from the rest of the animals in the forest — it would just as soon kick Bambi as look at him. It has a fantastic macho image. The man with the best mind on Madison Avenue, on the best day of his career, could not have conceived a better beer label than the Moosehead label. Why even I had trouble conceiving a better label than the Moosehead label," said the professor.

"You mean you've done it?"

"Of course I've done it," bristled the professor. "You're not looking at some hack advertising copywriter. You're looking at a person who holds the McLuhan-Jung Chair in Contemporary Commercial Culture at a major university."

The professor pulled out a large manila envelope. I noted it was addressed to a major American brewery known to have marketing problems with its national brand. (Although he is a tenured academic, the professor has been known to dabble in commercial ventures from time to time.) The professor revealed the contents of the envelope, — a sketch for a beer label featuring the hairiest, scruffiest looking, Canadian animal of all, with evil little eyes and mean in-curving horns.

"Musk-Ox Ale," said the professor proudly. "The Americans are going to go wild about it."

He began a fevered description of an advertising campaign he had conceived for Musk-Ox Ale. I didn't catch it all, but the basic theme was a 30 second television spot: a herd of shaggy musk-oxen in a defensive circle gore and stomp a marauding wolf; then, by way of a lap-dissolve, we cut to a bar where a group of hearty lads come storming in out of a cold winter's night shouting "set up the Ox, Charlie" to the friendly bartender. The professor began to describe variations on this theme but I interrupted because it appeared he was ignoring the second part of my question.

"Not long after Moosehead began to make it big in the United States", I said. "Carling O'Keefe breweries introduced Buckeye beer into the Ontario market. The Buckeye label featured a mean looking full-antlered stag staring out at the drinker. But it wasn't Carling-O'Keefe's pseudo-Moosehead beer that caused a sensation in Ontario, it was Labatt brewery's Budweiser, brewed under licence from Anheuser-Busch, of St Louis Missouri. Since its introduction the demand for Budweiser has been so great that Labatts has been unable to produce enough of the stuff. Now how can you explain that, in view of the fact that every red-blooded Ontario boy subscribes to the myth that American beer tastes like equine effluent and doesn't contain enough alcohol to intoxicate a canary?"

"Easy," said the professor. "Do not forget that the chair I occupy at this great university is the McLuhan-Jung Chair in Contemporary Commercial Culture. The

McLuhan part is every bit as important as the Jungian part. The significance of macho forest beasts on the collective unconscious is one thing, but the significance of modern media on the collective unconscious is quite another thing.

"People in Ontario have been stuffing their heads with American television and American television commercials for so long that they've completely forgotten whatever cultural myths they once held near and dear to them. Night after night, year after year, Canadians have watched Johnny cue Ed for a commercial break, and then have let the image of those eight prancing fetlock-flashing Budweiser Clydesdales hauling the Budweiser wagon wash over them. Over the years, they've come to disassociate what's in the Budweiser wagon from the metabolic product of what's pulling it. The undesirable has become desirable, in a truly Orwellian way."

"Where will it all end?" I asked.

"There is a rumor that the Molson's Brewing Company is negotiating with the Miller Brewery company to brew Miller High Life and Miller Lite under licence in Canada."

I started to whimper, — the thought of old Canadian jocks pushing Miller Lite on Canadian television was just too much to bear.

"Enough of that nonsense," said the professor, offering me a bottle from a sample case of Musk-Ox Ale marked for export only. "A pint o' the Ox will put some backbone into ye."

NEWS

Cocaine convictions on upswing in Canada...

By D. G. Bastian

TORONTO — Cocaine is becoming more plentiful and accessible in British Columbia, Ontario, and Quebec, though the more radical and hazardous methods of taking the drug, such as "freebasing" and "speedballing," have not yet become popular in Canada.

That is the picture that emerged in interviews by **The Journal** with officials in the Royal Canadian Mounted Police (RCMP), Customs Canada, and the Bureau of Dangerous Drugs.

The picture is not as dramatic as that in the United States, where epidemiologists for the National Institute on Drug Abuse (NIDA) have fingered cocaine as the fastest-growing source of major drug-related medical problems.

There, freebasing and speedballing, along with an increase of

smoking and injecting the drug, are thought to be behind the upsurge.

In freebasing, cocaine is smoked or injected in doses made more powerful by chemical alteration with ether. (**The Journal**, July 1980). Speedballing is the hazardous combination of cocaine (a stimulant) with heroin (a depressant).

With 1980 figures on cocaine convictions and known users in Canada not yet tabulated, Jacques LeCavalier, director of the Bureau of Dangerous Drugs, Ottawa, said he preferred to take a cautious approach to the question of cocaine use in Canada.

"I have no reason to believe that its use is decreasing," Mr LeCavalier said.

However, RCMP figures for cocaine-related convictions in the first four months of 1981, if extrapolated over a full year, show a

marked increase over 1980.

The RCMP charged 276 people with possession, trafficking, or use of cocaine from January through April of this year. By year's end, that figure could be 828, compared with 597 people charged by the RCMP in all of 1980.

Definite increase

And Bureau of Dangerous Drugs figures show a jump in cocaine convictions across Canada by all law enforcement agencies, including the RCMP, from 332 people charged in 1978 to 433 charged in 1979.

Robert Fahlman, head of research for the RCMP, Ottawa, told **The Journal**: "There's definitely an increase in (cocaine) use over the past several years." He said the greater number of convictions each year since the

mid-1980s probably reflects increased availability, not better law enforcement.

Paul Zendrowski, a drug analyst in the intelligence division of Canada Customs, told **The Journal** the number of seizures of cocaine in Canada by Customs declined in 1980, down to 100 seizures compared with 155 in 1979. Total weight seized, however, was up in 1980 — 15,301 grams compared with 13,901 grams in 1979.

Although Colombia is the major exporter of cocaine to North America, Peru is the leading exporter of the drug to Canada, Mr Zendrowski said. There are direct flights from Lima, Peru, to Vancouver, Toronto, and Montreal, but none from Colombia.

A new development in trafficking is the attempt to throw customs officials off the trail by flying the drug from South America to Europe, and then to Montreal. Mr

Zendrowski said three major seizures of cocaine last year in Montreal were from traffickers who had gone from South America to Lisbon and Paris before flying to Canada.

And he said Customs Canada officials believe first class mail continues to be a major source of cocaine entering the country.

Stop mail seizures

In mid-1979, Customs officials were told by the government to stop making seizures of cocaine in first-class mail, because the handling of first-class mail, which is not susceptible to duties, was the responsibility solely of the Post Office.

Before that, cocaine seizures of mail were running into the hundreds each year, Mr Zendrowski said.

"We believe, from other sources, such as the RCMP, and from what we found earlier, that the method is still being heavily used," he said.

In this method of shipping cocaine, a small amount of the drug, about 10 grams, is put in a small plastic bag and enclosed in a greeting card or letter, and then mailed from South America or the United States to oneself, or a friend or relative who is helping finance the deal.

It is estimated by some officials that \$60 million or more worth of illegal drugs, including cocaine, enter Canada through the mails (**The Journal**, May 1980).

According to RCMP figures, the average price for cocaine in Canada in the first four months of 1981 was from \$30,000 to \$45,000 for a pound; from \$2,500 to \$4,000 for an ounce; and from \$125 to \$200 for a gram.

Cocaine procured on the streets is an average 12% to 20% potency.

Even with disturbing increases in availability and use of cocaine in Canada, most officials interviewed felt the problem was mild compared to the United States.

One RCMP investigator pointed out that Miami is expecting cocaine may soon be entering the US in shipments of several tons, as marijuana has in recent years.

Robert Petersen, assistant director of research for NIDA, said the "most startling" recent figure on cocaine use in the US comes from a 1979 NIDA nationwide survey.

The survey reported that the number of current users of cocaine in the principal using group (ages 18 to 25) increased from 3.7% in 1978 to 9.3% in 1979, an increase of almost 2 times.

He pointed out, however, that "current users," for the survey's purposes, meant use of cocaine at least once in the month prior to the survey.

He also said that because coke is usually adulterated with non-cocaine substances, "a lot of the people who are current users may not have really tried coke — it may have just resembled coke."

While the NIDA is very concerned about freebasing, Mr Petersen said, it is aware that as long as US prices for a gram of cocaine stay around \$100, there are not likely to be many habitual users.

"To a certain extent it's the in thing to be able to say you have tried coke. It's in a sense more accurate to say experimentation with coke, not coke itself, is popular across the United States."

... while US freebasing fad fills ERs

SAN FRANCISCO — George R. Gay, director of emergency medicine at the Haight-Ashbury Free Medical Clinics, San Francisco, says more and more cocaine users are turning up in his emergency room (ER) for treatment.

They range from users who sniff the drug to those who seek ever stronger euphoria through smoking and injecting it, and freebasing (a process that alters the drug chemically by treating it with ether).

The increase at his ER is reflected across the United States by DAWN (Drug Abuse Warning Network) figures that rank cocaine as the 12th leading drug in drug-related deaths in 1979, up from 18th the year before.

In an interview with **The Journal**, Dr Gay said people are still not alerted to the danger at all.

"It's really a shame. The people who are involved have such a strong voice of denial that until their own physical status deteriorates to the point where they can't bear it they are going to abuse this tremendously euphoric drug."

In emergency rooms, he said, users should be considered paranoid and potentially dangerous. "Cocaine creates a true Dr Jeckyl and Mr Hyde. The sweetest

character around turns into a vicious paranoid-schizophrenic.

"This is only an accentuation of the natural instinct that this drug reinforces — the instinct of self-preservation, the fight-or-flight response. Cocaine is very closely related to adrenaline and noradrenaline. In the classical fight-or-flight formulation, the individual animal in a hostile world is equipped with the mechanism for protecting himself — the bristles rise on the back of the cat, the pupils dilate, the individual becomes ready to fight or run.

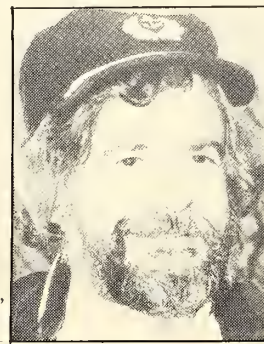
"This is exactly what happens with cocaine: the same type of

potentiation of a natural response for the animal to protect itself in a hostile environment. And then when we see the more profound effects of chronic use, we begin to see an exaggeration of these same responses — the paranoid response is nothing more than the response of an individual to protect himself, even though what he perceives to be there is not truly there. This paranoia is in essence the residual of longtime use."

He said it takes a "very strong ego structure to flirt with the drug and then leave it.

"I know plenty of people who do that, but for the person who has

that drug addiction liability, it's a disaster. They keep trying to regain that initial blast of euphoria."



Dr Gay: "It's really a shame."

RCMP start with ounces

TORONTO — A Royal Canadian Mounted Police drug investigator believes increased immigration of Colombians to Canada largely accounts for the availability of cocaine in the Toronto area.

When interviewed by **The Journal**, Staff Sergeant J.W. Horrocks, cocaine/cannabis unit, Toronto Drug Section, said: "We're just doing a round-up today of Colombians. Our success hasn't been too

great because I think the word's been out."

Sgt Horrocks said cocaine is so plentiful in Colombia that it is relatively easy for a Colombian moving to Canada to bring in a pound of cocaine (worth as much as \$45,000), mostly "body-packed" or hidden in furniture.

Sgt Horrocks said the RCMP does not know how much cocaine is on the streets of Toronto through gram dealers,

but suspects the amount is high.

"We're after the importers and larger dealers. We start at the ounces — I'm not saying we wouldn't start at the grams — but we're interested in the ounce dealers and up. It's very available in the Toronto area."

Quantities of cocaine seized by the RCMP in Toronto have been from 35% to 100% purity, Sgt Horrocks said, with street level cocaine around 15% pure.

Cocaine look-alike is big hit in US

By Jon Newton

BEVERLY HILLS, CA — A fine white powder resembling cocaine and being sold for about \$10 in 4,000 United States health food and drug stores, is making its already wealthy creator wealthier.

And Marc Bernstein says he has just appointed distributors in Montreal and Vancouver.



Toot is 2.75 grams of "heavenly incense — 100% organic," according to its label.

The package carries the warning: *Not for human consumption. Do not ingest.*

It also carries directions for use:

"Place a small amount of TOOT on metal foil. Heat over flame until smoke is visible. Do not directly inhale fumes as it may cause a toxic reaction."

Mr Bernstein, 37, told **The Journal** he plans to make at least \$20 million this year on Toot, which he admits "could conceivably" be used as a cocaine substitute, although he said he couldn't recommend it personally. (Cocaine sells on the street for upwards of \$100 a gram.)

"Toot is called heavenly incense," he said. "Cocaine is dangerous and has all kinds of sharp crystals which damage your mucose membranes. But Toot is safe all round."

MSB and Associates, Inc., market Toot from Beverly Hills. Mr Bernstein also runs the Amazon

Trading Company from the same address, selling Zoom. It is said to reach the consumer "direct from the Amazon Jungles."

This is touted as a specially formulated "body energizer." The healthy, legal way to an amphetamine-like boost, is the implication, at a trifling \$10 per 90-pill bottle. The large brownish pills contain guarana, "utilized by the Amazon Indians for centuries" to "restore mental alertness and reduce hunger and fatigue."

Zoom has helped to make Mr Bernstein rich since he began marketing it in 1978.

Guarana is also called Brazilian cocoa and is an ingredient in a Brazilian soft drink. It contains guaranine, an alkaloid with concentrations of caffeine and tannin.

In the US, advertisements for

Toot claim it's "a blast" with a money-back guarantee. On the street, a "blast" is a major drug experience.

Mr Bernstein carefully guards the secret of his potions, but cocaine-doubles containing phenylpropanolamine, benzocaine, and caffeine, are widely available both in Canada and the US. The fact several cups of coffee could provide a Zoom-like effect seems not to have affected the products' sales.

Meanwhile, Mr Bernstein continues to make money on "organic highs" which don't seem to fall foul of any US drug legislation. And fans keep buying.

What's next for Mr Bernstein? "I've got everybody up, and I've got them down. My next project is to get them going around."

NEWS AND COMMENT

Canadian gov't struggles over fuel alcohol bill

By Mitchell Beer

OTTAWA — The federal government has refused attempts by the Progressive Conservative opposition to ease the production regime for fuel alcohol.

The last-minute Tory amendments to Bill C-57, an omnibus measure amending the Excise and Excise Tax Acts, were raised in the House June 18 by energy critic Michael Wilson (Etobicoke-Centre) and alternate energy critic Gary Gurbini (Bruce-Grey). The opposition effort was aimed at opening up alcohol production for

farmers and other potential small-scale users.

While officials in the federal departments of finance and agriculture say fuel alcohol production is still technically unproven and economically questionable, some Canadian farmers are already using pure alcohol or "gasohol."

As passed by Parliament, Bill C-57 amends the Excise Act to permit manufacture of alcohol "for use solely in experimentation and development of a fuel... for the licensee's own (experimental) use and not for sale or distribution." The new regulations

reduce the required performance bond from \$200,000 to between \$4,000 and \$10,000, but diagrams of the production area are still required. Production facilities must be destroyed or impounded within 30 days of the licence's expiry, and licences are limited to one year or less, at the discretion of the minister of revenue.

In his June 18 remarks, Mr Gurbini said the bill does "start to address the problems of the small producers who make alcohol for fuel purposes" through the temporary licence. But "there are a whole set of regulations which

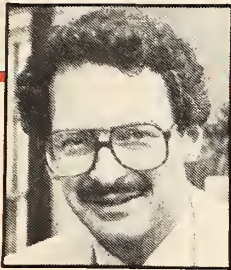
would delight any bureaucrat, but would frustrate the heck out of anyone who was really serious about producing (fuel) alcohol."

The Tory amendments focused on increasing maximum production to 1,500 litres per day or 350,000 litres per year; removing the temporary nature of the licence; permitting resale of the product; reducing the bond to between \$1,000 and \$5,000 and extending the licence to five years, automatically renewable.

Denis Odette, special assistant to Minister of State (Finance) Pierre Bussieres, said new legis-

lation on the subject could be introduced this fall following "comprehensive analysis" by the departments of energy, finance, revenue, and agriculture. But "one of the problems with the production of alcohol is that it's quite easy to produce — every farmer could produce it... then there would be no control at all."

He said alcohol is "quite easy... to resell on the black market, and that's an important issue in terms of revenue for the government, in terms of the tax on alcohol for the provinces as well as the federal government."



By Richard Gilbert

Government could cut down on impaired driving by reducing the amount of drinking we do or by reducing the amount of driving. Neither is likely. Instead government resorts to largely ineffective attempts to ensure that driving does not follow drinking. I noted last month that these attempts are of four kinds: exhortation, intimidation, physical separation, and the education or treatment of convicted drinking drivers.

Most hope seems to be being attached to the last method — education or treatment — notwithstanding a wealth of testimony as to its ineffectiveness.

Oshawa program

A recent example of this testimony is a report on the Oshawa Impaired Drivers Program by Addiction Research Foundation researcher Evelyn Vingilis and colleagues. Individuals convicted of a second or subsequent alcohol-traffic offence were sentenced to the mandatory 14-day jail term and 18 months subsequent probation. At the beginning of the probation period they were randomly assigned either to a rehabilitation program (70 of 131) or to a no-treatment control group (61 of 131). The former group received nine weekly 150-minute lectures on the effects of alcohol, on coping with stress, and on drinking-driving legislation.

Compared with the control group, the rehabilitation group gained more knowledge about drinking and driving during the weeks of lecture, but they did not develop a "more positive attitude" about the topic. The driving records for 120 of the participants were examined for 44 months from the start of probation. Surprisingly, the group receiving rehabilitation evidenced more recidivism than the control group, but the difference was not significant. Of these 120 participants, 19% committed another drinking and driving offence during the 44-month period (23% of the treatment group and 16% of the control group).

Government caution

Even though sober analysis of the results of such programs has rarely caused encouragement, the Ontario government seems to be putting much of its effort to stem impaired driving into the education of repeat offenders. Most large centres except Toronto and Hamilton have programs similar to the one evaluated by Dr Vingilis, sponsored by Ontario's Ministry of Correctional Services. I was told by an official of this ministry that the point of

the programs was *not* to rehabilitate offenders, but simply to provide for "a better reporting condition during the probation period." Such a rationale pulls the rug from under critics who draw attention to the programs' ineffectiveness.

The Ontario government's caution in the matter is further indicated by its refusal to proclaim Sections 234(2) and 236(2) of the Criminal Code of Canada. These sections give courts the option of requiring "attendance for curative treatment" of drunken drivers instead of the mandatory fine (first offence) or the mandatory jail term (subsequent offences). The sections are in force only in Alberta and the Northwest Territories, where there would appear to be more faith in reform and less in retribution than elsewhere in Canada.

Fickle faith

Alberta's faith is fickle. Drinking drivers can be spared jail, but convicted marijuana possessors invariably go there. In other provinces the drunkards go to jail and the pot-heads go free.

Fewer than 15% of convicted impaired drivers are recidivists. This does not mean that the first conviction is a powerful deterrent. It simply means that the chances of being caught are very low — about 1 in 2,000 by one estimate — and the chances of being caught twice are very much lower, other things being equal.

Thus assignment to a rehabilitation program on the basis of recidivism can be little more than a random affair, touching no more than a small proportion of convicted impaired drivers who are, in turn, no more than an even smaller proportion of the drivers on the road whose ability has been diminished by recent use of alcohol.

Unhappy mean

Just about nothing seems to work, and it may be wise to ask whether worrying about impaired driving is worth the trouble. It seems to be, at first sight. Traffic accidents are the major cause of death among Canadians under 40. Half these accidents appear to be caused by alcohol, mostly alcohol in the blood of the dead drivers. More than 2,500 traffic fatalities are caused by alcohol each year in Canada. Many times that number suffers serious injury as a result of alcohol-caused vehicle accidents.

On the other hand, only two in 100 automobile trips are made by drivers who are legally impaired, and less than one in 2,000 of these two journeys (ie, less than one in 100,000 of all trips) result in an alcohol-caused accident. If there are 100

occasions a year on which a person drives after drinking, it will be at least 20 years, on average, before he or she has an accident while impaired, and more than a lifetime before a fatal accident is caused.

Figures like these allow you to argue both ways. The loss of young lives due to alcohol, and the maiming of many more, leads to outrage and a call for action to reduce impaired driving. But the evident harmlessness of most trips made by impaired drivers — as evident to legislators as they drive from one to another of their many social functions as it is to their constituents — provides cause for inaction.

Driving is a privilege

I could be of two minds on the subject, but I am not. The lives of innocent and unsuspecting people are involved, however few. Government should and can require drivers to behave responsibly, as it requires food processors. An unsanitary plant may cause only a few people to be poisoned in a year, and then not seriously, but it is reasonable for government to aim that none be affected. Driving a car on a public road is a privilege that ought never be taken lightly or while unfit.

A new approach is needed if our roads are to be rid of drivers who have been drinking. Exhortation, in the form of public information campaigns, seems incapable of changing attitudes or behavior. Intimidation, in the form of more severe penalties (such as confiscating the cars of drinking drivers), seems ineffective without surer enforcement, which costs too much. Physical separation of drinking and driving does not seem feasible. Education or treatment of recidivists, even if it worked, would miss most drinking drivers.

Social decision

A promising approach might be that of making the decision to drink and then drive a social one, invoking the force of law to encourage participation. What I have in mind is this: a person who supplies alcohol for immediate consumption to a person who later drives should be charged as an accessory to the crime. The passengers in a vehicle driven by an impaired person should be treated in a similar manner.

Earnest avowals

How would this work in practice? Restaurant owners would be concerned about their customers' means of departure.

Party hosts would make similar enquiries of their guests. Customers and guests who were driving would get no more than mineral water or fruit punch. An offer of a ride home would have to be given with earnest avowals of abstinence or be politely refused.

What would be the point of incriminating hosts and passengers? First, other people would be involved in many of the decisions to drink and then drive. Controls over drinking (and driving) imposed by the people around you are likely to be more effective than the ones you impose on yourself. Second, the most effective interventions are those that occur at the time of the undesirable behavior — in this case drinking and then driving — rather than weeks before.

Extending the law

Under Ontario's liquor laws, a tavern owner can be charged if he or she has served alcohol to a drunken person who later kills someone in an automobile accident. Under common law you can, perhaps successfully, sue a restaurant owner who plies you with wine enough to cause you to drive into a tree, crash your head into the windshield, and lose an eye.

What I am proposing regarding suppliers of alcohol is simply an extension of existing law. It would become a criminal offence to supply alcohol to a drinker who intended to drive in the near future.

The involvement of passengers is a more difficult matter because it would seem to violate the principle that a person is not obliged to impede the progress of a crime. But the passengers in an automobile are, as much as the driver, sharing the privilege of using the public highway. They should also share some of the responsibilities, which include ensuring, as far as possible, that vehicles are safely driven and the danger to other users is kept to a minimum. Thus it would be reasonable to make it a crime to be in a car with an impaired driver.

Restaurant owners in Toronto are howling about a proposed requirement that a small part of each of the larger restaurants be set aside for non-smokers. They and the bar owners will howl even louder if they have to accept greater responsibility for impaired driving. But involving more people in decisions about drinking and driving may be the only way to make our roads safer. Leaving the decisions to the drinkers is ridiculous. They may be too far gone to care.

Next month: Non-smokers are paying lower life-insurance premiums. Should they pay more into pension funds?

GILBERT

"A person who supplies alcohol to a person who later drives should be charged as an accessory to the crime."

Drinking and driving: II

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A monthly report for professionals on developments, issues, and events of national and international significance in the field of alcohol and other drugs.

Editor... Letters to the Editor... Letters to the Editor...

Keller's attack is 'kettle calling the pot black'

The article, Stiffer controls wrong way to fight alcoholism: Keller attacks "sociological propaganda," (*The Journal*, June) appears to be a case of the "kettle calling the pot black." Moreover, this polemic presentation takes a number of liberties with historical facts.

Professor Keller argues that social scientists' rationale for advocating the decriminalization of alcoholism was "only to keep it out of the clutches of the law" and primarily because "it is more humane than calling it a crime."

It is puzzling to find one of the premier scholars in the field ignoring the fact that these arguments are espoused by virtually all segments of society in-

cluding policemen and physicians. Further, most advocates of decriminalization, including social scientists, couple diversion (to treatment) with decriminalization. Also, without defending jargon, I would point out the terms medicalization and clinicization are essentially sociologese for (medical) organizational or bureaucratic iatrogenesis.

Prof Keller continues the "straw man" technique by equating the abstract concept of social control with the substantial and concrete one of legal controls. In the same context, he equates legal controls with fiscal ones even though the latter are either a marketplace function or an executive one if they involve the political structure.

Further, the economic availability model (for social control) has its critics within the social science community, as do numerous other issues, theories, and ideas. Social policy formulation, including concepts and theories, is not the private domain of social scientists. Nor is its subject matter limited to "social" solutions except as sociology deals with social systems.

The final substantive area of comment concerns Prof Keller's remarks about alcoholism as a disease. His equating a non-disease model with "stiffer controls" is questionable on at least two major counts.

First, the inference that a disease (medical) model is relatively

devoid of controls ignores the array of both formal (including legal) and informal sanctions which inhere to any deviant (sick) role.

Second, the assumption that a non-disease model will of necessity result in "tough laws" ignores the possibility of alternative responses such as laissez-faire and non-medical care. It also overlooks the fact that, whether or not social scientists influence the prevailing definition of alcoholism, laws tend to reflect and flow from, not to, the prevailing socio-cultural definition of an entity, phenomenon, etc held by a people as perceived by the relevant political structure. In fact, "ordinary people," directly or through the mass media, exert more influence on the legislative process than professional bureaucracies do.

This is not in any way either a

defence or an advocacy statement on behalf of the social sciences. Their track record in this field is probably as limited as any other in terms of substantial, definitive, and particularly usable knowledge. Basic or fundamental concepts and theories continue to appear, disappear, and reappear with some regularity, with similar regurgitations in the program areas.* Perhaps more substantial achievements will deter governments from effecting the proposed constraints in this and other areas of the human service industry.

Gus Oki
Addiction Research Foundation
Toronto

*See *Alcoholism: Introduction to Theory and Treatment*, by D.D. Ward, Dubuque, Iowa, Kendal Co, 1980 for a current attempt.



Is TJ too newsy?

I would like *The Journal* to be less "newsy," and sacrifice some of its popular style for more solid, researched (and sourced) articles. Make it more of a reference publication.

The main waste of space are the

long articles about personnel changes and bureaucratic reshuffles in the "drug" hierarchy. So irrelevant.

Thanks for the many good articles though.

Well written

I have just re-read Canadian Cannabis Control Policy: An Outline of Legislative Options Regarding Possession (*The Journal*, Nov 1980). It was very well written and informative.

Lynn Wolff
Consultant
Addiction Research Foundation
Toronto

P. Butler
Collingwood
New Zealand

Informative

I had the opportunity to read *The Journal* for the first time through a subscription acquired by the treatment centre where I work. I found the articles in *The Journal* very informative, especially in regard to updated research on drug and alcohol programs. I am employed as a drug counsellor and would very much like to subscribe to your publication.

Carolyn M. Gunn
Parkville, BC

Will suffice

In Kelowna out here by the lake The bureaucracy made a mistake As bureaucracies do It insisted on two Offices according to drug of intake.

Line workers with nothing to lose Stressed similarities twixt drugs and booze The resulting deliberation Led to amalgamation Now there's one clinic instead of two.

Outpatients and workers alike Read *The Journal* with equal delight Since we no longer need two We simply didn't renew One, 'cause we know the other will suffice.

Anon — 1981
(Kelowna is in British Columbia)

The Journal welcomes Letters to the Editor. Letters may be sent to the Editor, *The Journal*, 33 Russell Street, Toronto, Ontario, Canada, M5S 2S1.

THE TRUE NORTH



Gas, oil, and alcohol fuel the last frontier

Up North. That mystical land atop North America stretching from the Bering Sea to Labrador: hundreds of millions of acres of forest, tundra, lakes, mountains, arctic coastline, abundant wildlife, and few people.

The wilderness. The last frontier. Midnight sun and forty below. Mosquitos and no-see-ums. Boom and bust. A section of continent divided only by a political boundary.

A beacon in the waning 20th century for the romantic and pioneer; the hard, high-rolling risk-taker; the loner running from the world and himself; the loser seeking the last chance to make it.

Northerners are alike. The outside is "down south" to Canadians and "the lower 48" to Alaskans. Ferocious winters allow no mistakes, and in summer in many areas grizzly and black bears, always extremely dangerous, are common in the bush. It is no Walt Disney World.

And northerners share more than geography, climate, and hard living: hard drinking. Despite the distances and isolation, alcohol and drug abuse are the major health and social problems.

In cities like Whitehorse, Juneau, Anchorage, and Fairbanks the bars are packed, winter and summer. The same drinking pattern is true in small communities, and in bush hamlets.

Drinking is part of life, especially as the population is so young and people feel they are different from the rest of the continent. They run risks, physical and economic, brave the elements, and are entitled to live a fantasy.

In some areas drinking is more evident among the Indians and Eskimos seen in public, but the problem is just as acute among whites. In many remote villages heavy alcohol use is the norm for adults.

Marijuana and cocaine are as available as alcohol, and PCP and

LSD use, glue and gasoline sniffing are common among many schoolchildren.

Access to alcohol is easier than in most other areas: Alaskans may drink in public for 21 hours a day, seven days a week; Yukoners have a 2 am bar closing, but motels and other establishments can sell beer 24 hours a day.

In the bush the nearest liquor store can be 200 miles away, but hundreds of light planes are ready to fly booze in, landing on skis in winter and pontoons in summer.

When alcohol is banned by local option, bootleggers thrive: branded liquor flown in as personal air freight is sold for \$40 and up a fifth.

Problems for the natives are compounded by feelings of lost culture and language. Older Indians and Eskimos remember the severe beatings they received at missionary-run schools if they spoke their own language, wore their own clothes, or used their real names.

Modern life has brought freedom, but at the cost of a consumer society, television, and most damaging of all, millions of dollars poured out in benefits, which might save the white man's conscience but is often spent on alcohol.

Major efforts are being made by government officials and native leaders to contain alcohol and drug problems but, ironically, the present and future wealth from oil, gas, metals and minerals will for a time increase problems as they increase economic wellbeing.

Oil flowing down the pipeline from Prudhoe Bay to Valdez has made Alaska rich. Vast oil and gas reserves in Canada are yet to be tapped, but the Yukon Territory will get a slice of energy royalties if and when the natural gas pipeline is brought through along the Alaska highway into British Columbia en route to the lower 48.

Mining companies are staking

claims and prospecting for likely deposits all over the area now that the minerals and metals are economically worth working, despite enormous costs of production and the harsh climate.

One of the major exploration costs is plane and chopper time. Helicopters are as thick as mosquitos, and young men earn \$100 a day plus as they are raised and lowered from copters to drive in claim stakes.

Gold prices in the \$450 an ounce range have rekindled the hunt in the fabled Klondike River valley near Dawson, and the area is buzzing with activity writers Robert Service or Jack London would recognize.

Old claims are reworked along Bonanza and Hunker creeks, old claim titles scrutinized amid tales, often true, of big nugget finds.

Despite the secrecy which always surrounds prospecting, the bush telegraph is a reality and little goes unnoticed.

In Alaska, oil riches have been translated by the state government into a vast array of capital expenditure projects: public buildings, highways, dams, and more.

Wages are high and drinking matches them. In southeast Alaska wages are equally high for fishermen and lumber jacks.

Although the Yukon was opened up in 1942 with construction of the Alaska Highway, and Alaska has roads in the south, only in the past few years have roads been opened to the Arctic areas. Most travel is still by bush plane.

In rural areas transport is by boat in summer. In winter the husky dog and sled is a relic: snowmachines are everywhere.

In the Arctic, balloon-tired three wheel cycles speed across the tundra, leaving tracks which will remain for a hundred years or more as the tundra regenerates, in the hunt for caribou, ducks, geese and moose.

Alaska has one advantage in

attempting to deal with its problems: settlement of native lands claims. Twelve native run corporations handle money from the claims, and royalties from drilling and mining.

Just as the RCMP (Royal Canadian Mounted Police) is the symbol of government in northern Canada, the Alaska State Trooper is now his counterpart. It would be hard to tell the difference.

James Messick, assistant to the commissioner for the Troopers, explained: "Mounties and the State Troopers feel at home with each other, we have good day-to-day liaison, and our forces engage in a lot of events such as pistol shooting contests.

"Their conditions are the same and they are involved in more than just law enforcement. Everything from fire protection to emergency medical services to search and rescue. Troopers and Mounties are the only symbol of authority in most areas. They are almost everything to everyone."

Like the RCMP, tours of duty are two years. "When you get into the ranks of the Troopers one thing is guaranteed: you will see the state before it is all over."

Most of the problems in the bush are alcohol related. Mr Messick: "It is academic whether a person falls out of a boat and drowns, falls off a snowmachine and freezes, dies in a house fire caused by a cigarette, or is a victim of a shooting. The point is that almost all are alcohol related, and there is virtually no disagreement about that.

"Many Troopers say that if there was no alcohol available there would not be much for them to do."

Both Mounties and Troopers in the bush have been known to "unofficially" lend their assistance to native leaders who want to keep their communities dry.

The Journal

In this first of two Special Reports, Harvey McConnell, The Journal's contributing editor, Washington, reports from the top of the world — Alaska, in the United States, and Canada's Yukon Territory.

This month, he provides a broad perspective on the land, the people, the problems. Next month, he examines what Northerners are doing to try to deal with dramatically high rates of alcohol and other drug misuse and abuse.

The Journal is a monthly publication of the Addiction Research Foundation of Ontario, 33 Russell St, Toronto M5S 2S1, Ontario, Canada.

A recent report on fire prevention by G.W. Keinke and E. J. Bowering of the University of Toronto for the governments of the North West Territories, the Yukon Territory, Alaska and Greenland, found alcohol a major factor.

Communities with a low rate of alcohol consumption had a low rate of fires. Communities with a higher than average rate of alcohol consumption had a higher than average rate of fires.

Money to be made from liquor sales is not confined to legal stores and bootleggers. In Juneau, regulations were proposed which would stop cab drivers from selling bottles kept in the trunk, or from picking up and delivering liquor orders. Companies claimed this would deprive them of a third of their revenue.

The common attitude in the North is that one reason people came was to escape rules and regulations of more settled society. Laws impinge on their freedom.

Dennis Kelso, PhD, who has studied alcohol problems in Alaska, notes that frontier areas eventually stabilize. "Individual behavior is overcome by more institutional norms, and more constraints come into being."

These constraints are still some way off. Up North.

- A Northern Notebook 8.9
- A Tale of Two Cities 10



A NORTHERN NOTEBOOK

... There's the land. (Have you seen it?)
It's the cussedest land that I know,
From the big, dizzy mountains that screen it,
To the deep, deathlike valleys below.
Some say God was tired when He made it;
Some say it's a fine land to shun,
Maybe; but there's some as would trade
For no land on earth—and I'm one.

'The cussedest land that I know'

The Yukon Visitors Association guide urges tourists to "come on in to freedom and excitement in Canada's last great frontier." On page 26 it notes: "The type of firearm recommended for survival or protection in remote areas is a 12 gauge shotgun."

"Up here, people have at least 10 to 15 drinks at a dinner party. It is not at all unusual to have a guest fall asleep at the table. But they are always invited back."

"You can always tell as you set foot in a village if the women are drinking as well as the men. If they are not, the village is clean. If they are, then it looks, and is, a mess."

— Bob Martel

Alaska has not had a tax increase on liquor since it gained statehood 20 years ago. The trade is controlled by four distributors in Seattle who have powerful friends in the legislature.



Tracking the tundra



Near Whitehorse

The sun slid toward the horizon, paused, and then at 12:30 am began to rise over the ice-misty Arctic Sea, and the empty Calvert bottle on the beach.

"I doubt there is a young person in Yukon schools who is not touched in a very negative way by alcohol and drug problems. We are finding kids 7-10 years old into glue sniffing."

— Yvonne



Aleut woman

"I am from New York and I know about drunks, but I still hate going into bars here to pick up passengers. Always a lot of hassle. I don't think the natives get more drunk than the whites, they just

get tossed out of the bars sooner."

— Anchorage cab driver

The Whitehorse Band is the largest in the Yukon and drinking is a very serious problem. Over the next three years the village will be moved to Crown land across the Yukon River from its present site — between a truck yard and the city sewage ponds.

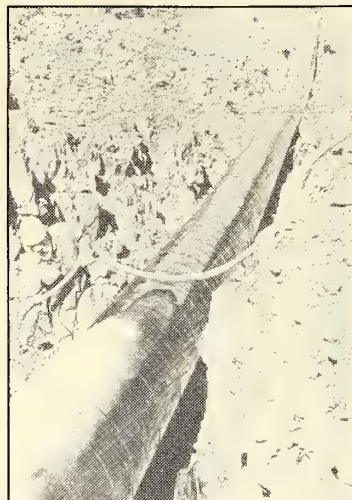
"I know some of these young guys use drugs up here, but not in my plant where they are working with machinery. They know I will fire them on the spot and I don't have to give any reason."

— Prudhoe Bay supervisor

"I tell you what is going to happen within 30 years — the oil companies and the mining companies and the governments are going to rape this land and then leave it. You can see what they have done to the timber stands along the coasts. And when the money goes the whites are going to go, and then who picks up the pieces?"

It is a long way from Whitehorse to the south — about 1,500 miles to Edmonton or Vancouver. Yet every winter it has a big city problem: ice fogs which trap exhaust fumes for days or weeks.

"One encouraging sign is that the natives are starting to stand up for



each other, which has not been done before because there was always rivalry between Eskimos and Aleut, Tlingit and Haida and Athabaskan. They are now."

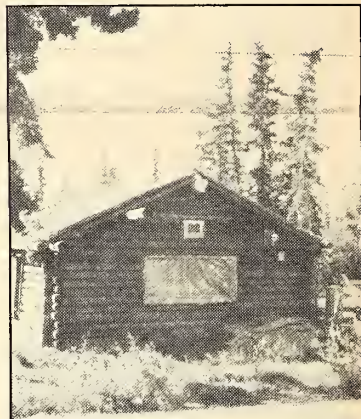
— Rinna Posehn

Although "cabin fever" is thought to be the most pressing and depressing problem for many Northerners, it is in the early spring when "break up" begins that violence reaches its peak — unexpected and unaccountably. It is also the time when most people commit suicide.

"I have worked, on and off, in the Arctic area for about 19 years and it really depresses me now to go into a tiny Eskimo village and see a family I have known for so long

sitting around smoking marijuana and giving it to their young kids."

The elderly couple from California were the only tourists visiting dusty Fort Yukon that day. They seemed to understand the situation when the very drunk middle-aged Indian walked up and told



The pipeline; a homestead

their young guide: "I am an Indian, and White Man full of ... White man should get out of my land."

"Drinking in Juneau is heavy, and not the martini type. In fact, I don't think any of the bars here have a martini glass — they would just fill up a water glass."

— Matt Felix

Mid-February is rendezvous time all over the North, a week of contests, socializing, and drinking. And drinking ...

"I attend a lot of meetings of recovering alcoholics here, and I am always struck by the number of young people there who say they had a father or mother who deliberately came to Alaska to get

You come to get rich (damned good reason),
You feel like an exile at first;
You hate it like hell for a season,
And then you are worse than the worst.
It grips like some kinds of sinning;
It twists you from foe to a friend;
It seems it's been since the beginning;
It seems it will be to the end.

THE TRUE NORTH



“They want the Alaskan experience, but they don’t want to stay”

natives. Now they are throwing in rafts of money and trying to promote middle class ideas and programs, and they are not going to work. AA is not going to work. The only way the problem will be solved is by the natives themselves.”

“Some people refer to an environmental phenomenon as ‘God’s way of cleaning up.’ I feel that alcohol is one of those things which is helping to clean our people up. That those who survive it will be strong. We are a sleeping giant which is beginning to wake up.”

— Tom Jimmie

Sugar addiction is a major dental problem among native children, and village grocery stores sell an enormous amount of soda pop, candy, and junk food. Rita Hogan, a nutrition specialist who works for the Tanana Chiefs Conference, (a native corporation) is trying to promote a return to native foods, especially grains and berries.

“The problem is that in the past they were told that native food was no good. Now many are so suspicious of hearing once again a white say ‘this is good for you.’”

“The price of furs is going to be higher for years, and there is good trapping around Fort Yukon. If it weren’t for alcohol this would be a paradise, a real paradise.”

— Kris Krestensen

“Blaming the white man for everything has not achieved anything so far, and I have no reason to believe advancing that line of thinking is going to achieve anything in the future. Indians in India could have blamed everything that went wrong on the British after independence, but you don’t hear that anymore.”

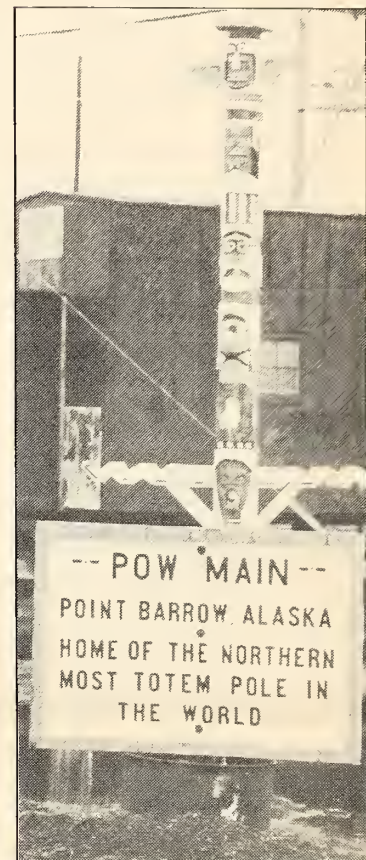
— Barnarsi Lal

“Many professional people come up here to play so they can go back down to the lower 48 and say ‘I have been to Alaska.’ They want to go hunting and fishing and experience the Alaskan dream but they don’t want to stay.”

— John Alfonsi



Some traditions remain



Poetry excerpts from *The Spell of the Yukon* by Robert W. Service. McGraw-Hill Ryerson Ltd/Dodd, Mead and Company, Inc.

Photographs: McConnell and picture services.



Grounded

There’s a land where the mountains are nameless,
And rivers all run God knows where;
There are lives that are erring and aimless,
And deaths that just hang by a hair;
There are hardships that nobody reckons;
There are valleys unpeopled and still;
There’s a land—oh, it beckons and beckons,
And I want to go back—and I will.

away from their drinking problem.”

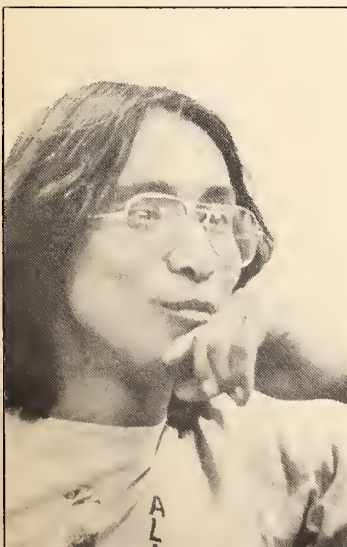
— Barbara Hoffmann.

“While the Indians may want to return to some of their old ways, they want the new ways too. I don’t know of any in my village, where I have lived 11 years, who want to go back to bow and arrows if they can have a gun, or to pulling boats up the river if they can have an out-board motor.”

“Last summer I did a tour of Alaska, and I had to keep reminding myself it was the States.”

— James Davies

“Many natives made a lot of money working on construction of the oil pipeline, but many would either blow their cheque, or get rolled in Fairbanks. And if they did get home with the money it was understood they better bring back



Tom Jimmie

a raft of booze to share with the village as a reward.”

Alaska Airlines and Braniff operate planes daily between Anchorage, with a stop at Seattle, to Dallas and Houston. The plane is



In Point Barrow

usually two-thirds full of workers travelling to or from Prudhoe Bay.

Indians in the Yukon don’t seem to dislike the white man as the white man dislikes the Indian. The Indians have tremendous regard for the royalty and they regard the Queen as their “white protector.”

“Our studies indicate that the people causing our major problems are what I call ‘blue collar boomers.’ These are young macho guys in their 20s who are in for six weeks and out for three — they are the problems in terms of drunk driving, assault and battery, and other forms of violence.”

— George Mundell

Communities on
McConnell’s itinerary



“Women up here are real tough. They accept hardships and they will not take a lot of bull from men. This may be one of the causes of violence because women, by and large, tend to be self-sufficient and able to take care of themselves no matter what kind of circumstances they find themselves in.”

— Robert Cole

“I visited a community just as it was celebrating the Russian Orthodox Easter. The only other people I saw sober were the Russian Orthodox priest and his wife.”

— Carole Baekey

“The white man did screw the



Bob Martel with John Peter

There’s gold, and it’s haunting and haunting,
It’s luring me on as of old;
Yet it isn’t the gold that I’m wanting
So much as just finding the gold.
It’s the great, big, broad land way up yonder.
It’s the forests where silence has lease;
It’s the beauty that thrills me with wonder,
It’s the stillness that fills me with peace.

A TALE OF TWO CITIES

Where toughness, alc/drug use go hand in hand

WHITEHORSE — Most Yukoners object on principle to any new laws, making it doubly difficult to deal with heavy drinking, one of the territory's major concerns.

Two years ago Whitehorse banned drinking in the streets. The night before the ban began scores of people turned out to hold a boisterous party on the Yukon River bank in the centre of town, and empty beer cans were hurled at passing cars.

What was even more depressing, says James Davies, deputy minister of health and human resources for the territory, was that on the previous night on the same ground a 14-year-old boy had passed out in a drunken stupor and drowned in his own vomit.

Mr Davies said that before the ban "it always amazed me to see people in a bar lift up their glass and walk down the street to another bar, with the drink still in their hand, or to see people driving down the street in their trucks drinking beer from a can."

The ban has worked in that fewer people drink in Whitehorse streets. "But it hasn't worked in that it hasn't cut down on the amount of drinking."

Mr Davies said there is antipathy toward introduction of any laws. "People still feel they have this relative freedom here, and any new law impinges on or limits this. They feel they have come away from the big cities and their restrictions, and they don't want anything imposed on them."

A similar attitude extends to hunting laws, or the need for a licence, or the necessity for a building inspector to approve proposed additions to a house.

Except for the Indians and Eskimos, there are few native Yukoners. Even among those who grow up in the territory,

WHITEHORSE



harsh winters force them south when they get older.

Heavy drinking has always been part of the Yukon ethos but, in the last five years Mr Davies feels, "Whitehorse has become more sophisticated in the wrong kind of way. Now we have problems with drugs, which have never been considered all that serious until now."

Drug use is reflected in juvenile court case loads: five years ago approximately 90% were Indian children who were charged with what were considered minor offences, such as shoplifting, but they committed little malicious crime.

Mr Davies: "Now the situation has changed and about 50% of the case load is white children and they are charged with more serious matters, such as breaking and entering, and with drug offences."

"Although I have no research to base this on, my gut feeling from what you hear from staff and others is that while the Indian kids are still drinking beer, the white kids are on drugs."

Drug use has been fairly common for a number of years in mining areas of the territory. Most of the workers are young men from "down south" who have a lot of money to spend on drugs coming in from Alberta and British Columbia.

Mr Davies said his theory "is that our trends in the Yukon go behind everyone else's, and maybe this is one of the isolation factors. We are now seeing an in-

crease not only in marijuana use, but also in LSD and speed.

"Drugs have never been considered all that serious until now, and I think the RCMP attitude has been to be rather lenient on individuals who smoked marijuana as they were more interested in the pushers."

The boom anticipated in Whitehorse, if the natural gas pipeline comes through the territory from Alaska, is a serious cause for concern. But a pipeline construction is not the only thing which might upset the social fabric of the Yukon.

Mr Davies noted: "Don't forget, you have only about 25,000 people in the Yukon, and most live in the Whitehorse area. If you were to bring in 300 people for a new mine or industry, you bring in also wives and children."

"Then you have to develop the mine site, you have to put in roads, you have to have water. This affects the environment, the wildlife, in fact, the whole fabric around the mine area."

Alcohol use and abuse is the most visible problem in the Yukon. "It is the attitude you have to be tough to battle the elements, so a tough guy can knock a bottle back."

The casual tourist would think the major problem was among natives because more of them appear drunk in public, "but there is no doubt that this is a total problem among Indians and whites," Mr Davies added.

Given their living conditions and economic status, drinking is more obviously harmful to the native population, and their leaders realize this. "No alcohol or drugs" is the rule at official gatherings.

Mr Davies pointed out that, unlike Alaska, there is only a handful of communities in the Yukon with a solely native

population. Attempts by the native community to tighten up laws on alcohol use can provoke a backlash: "You don't do this in Whitehorse."

The Yukon government is now examining whether it is prepared to put more money into alcohol and drug programs. "But I don't think you can expect the alcohol and drug services to solve all the alcohol and drug problems," Mr Davies continued.

"I don't think if we doubled the staff and programs tomorrow that we would make much dent in the alcohol problem. It has to be more a change in attitudes and possibly this is something we can help to bring about."

Mr Davies said he believes change, and the problems change causes, are inevitable. "I am sure there will be dramatic changes in the Yukon in the next 20 years. This territory is bound to develop."

"It is the trend of things, and I don't think you are going to stop it."



Davies: a negative sophistication

Last place to be free from society's restraint?

JUNEAU — Robert Cole is in a position other state alcohol and drug abuse directors envy — 90% of his money comes from the state and he has \$16 million to spend on programs for 405,000 people.

"This may seem absurd on the surface until you realize we encompass a geographic area two times the size of Texas, or equal to 20% of the land mass of the contiguous United States, and we have more than 200 communities in this area," Mr Cole said.

In addition, "the population of Alaska drinks more, and drinks more frequently and heavily, than any other part of the country, with the possible exception of Indian reservations and big city ghetto populations."

Mr Cole, who is coordinator of the state Office of Alcoholism and Drug Abuse, said the population of Alaska "tends to be relatively young, pretty energetic, and high risk people. They act out a lot of behavior which would not be very acceptable in standard middle class com-

munities in the lower 48. The norms of behavior in this state are far more tolerant than in, say, Kansas."

There is an inescapable factor every resident in the North has to contend with — the weather. "And the weather can, in fact, be foul a great deal of the time. It is dark for a goodly part of the year, and cold. Here in the southeast it is wet and rainy."

"Up here in the North there is a feeling of community between Alaskans and Yukoners, and for that matter northern British Columbia, the sense of being a whole and isolated from the rest of Canada and the US."

"And maybe, except for small parts of Africa, South America, or Siberia, this is the last frontier where you can get off into the wilderness and live a very unfettered personal life. It is both a blessing and a curse to be cut loose from restraints of society."

"You have got to be careful all the time and keep your wits about you. Alcohol tends to make people less careful, they lose their restraints and they do stupid things, and you can't make mistakes in the winter, especially. You don't dare. The weather is always there and it doesn't take much of a slip-up and she'll get you."

Mr Cole said that if one takes rapid cultural changes, rapid economic growth, a feeling of helplessness among many, a young and large risk-taking male population, bad weather, bars open 21 hours, seven days a week, and no controls on advertising, sales and distribution, it is "almost predetermining."

"And sure as hell, that's what we've got. We have our own buzz phrase about putting the community in balance, and this means reasonable restrictions on prices, opening hours, on sales and distribution, and a ban on importation if a community wants to be dry."

Alaska has the highest accidental death and injury rate in the US, and a disproportionate number are caused by alcohol, from deaths on snow machines to crashes



of private planes.

Suicide is also the highest in the US. In one rural area two winters ago there were 14 suicides in a population of 4,000. Every one was a native male aged 15-25 and every one was committed at the end of a week or two drinking spree.

Mr Cole said he has a theory, though not very well grounded at the moment, for the underlying causes of alcohol abuse and violent behavior in the native population.

"If you perceive you can't control the political, economic, social, cultural, or financial systems, and by definition you are a passive object of the system and they will do with you what they will, I think this creates a terrific amount of alienation, fear, anger, and frustration."

"Further, if you perceive there is no way you can change or alter that which you find distasteful, then you tend to turn your aggression on yourself and those closest to you. In addition, in the rural areas you have three or four generations of people who learned to drink by drinking heavily initially."

As for drug problems, Mr Cole noted that Alaska has a liberal policy on marijuana and the drug is used widely.

"Unfortunately, in recent years it has become a real social problem as there have been many, many reported incidents of kids beginning at about age 11 and throughout late grade school using marijuana fairly frequently."

Cocaine use is also high and is spread among all social classes. Heroin use was up during pipeline construction but is not a major problem.

Regarding enforcement Mr Cole says:

"We have 500,000 miles of coastline, 10,000 bays and bights, the highest per capita ownership of planes in the US, and one of the highest for pleasure and marine craft, including 23,000 licensed fishing boats and God knows how many ships bringing up barges — plus worldwide air traffic through Anchorage and Fairbanks."

When the salmon are running there are only three or four weeks for the fishermen to operate. "It is rumored whole fleets operate on coke and speed because you can make tens of thousands of dollars in that time if you do it right."

Mr Cole points out that while Alaska now has money to spend because of oil, until 1975 the state had five straight years of budget deficits. And it has only been in the past 20 months that the state "gave us this wonderful injection of cash."

Despite the problems, there are many compensations. "I think the people who live in the North are far and away the most resilient people I have ever been around in my life, either native or Caucasian. They tend to be stubborn, intelligent, reasonably hard working when they feel like working, and tenacious."

"In that regard, when people seek treatment programs they respond very well. A lot of people are surprised to find that if the natives are allowed to design a system to fit their own cultural values, they work quite well."

Women and their rights have also made great strides in Alaska, "and women are no longer to be passive victims." Most of the women who come North are the counterpart to the male "and you don't find many shy, retiring women around."

Mr Cole feels life in the North today is similar to the earlier experiences across North America as the frontiers rolled west. "It is really kind of sad when you stop to think that this is the end of it."

Next month:
some solutions



Cole: 'wonderful injection of cash'

Anatomy of a bust -- an exclusive interview

By Jon Newton

MIAMI — In September, 1979, a Miami agent of the United States Drug Enforcement Administration (DEA) was approached by an informer who claimed he knew where Bahamian cannabis smuggling operations were based.

'single largest domestic effort'

The casual tip led to Operation Grouper and, two-and-a-half years later, the "single largest domestic effort against marijuana traffic," in the words of Peter Bensinger, then DEA director (See page 2).

When it concluded in March this year, it had netted nearly 160 marijuana smugglers from 14 illegal operations, and hauled in drugs (mostly cannabis) worth about \$1 billion.

DEA men Peter Sarron and Ted Weed were assigned to follow that early information up. They were given covers as criminals with boats, a restaurant, and a nightclub in the Caribbean islands. In addition, they claimed that on their payroll was a Bahamian defence force captain in charge of water searches.

In an exclusive interview with *The Journal*, Peter Sarron, who remains under cover, said the bust nailed a third of all marijuana entering the US, making considerable impact on imports.

While marijuana remains available "in sufficient quantities, the arrests and seizures did force prices up," he said.

Mr Sarron described Operation Grouper as "a one-time operation" that stretched from the Bahamas to Maine through Florida, Texas, and Georgia. Its code name, Grouper, was based on square bales of marijuana which occasionally drift ashore after being lost overboard, and are called "square groupers."

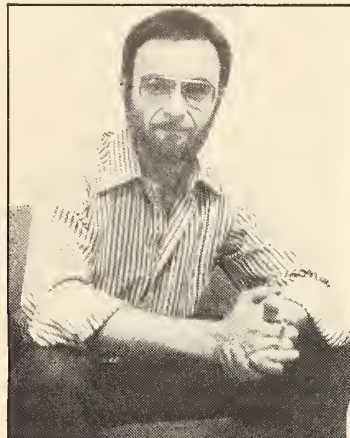
Mr Sarron said: "Our plan was to go to different groups (named by the original informer), tell them what we had and that we could pick up marijuana and transport it. We told them we could hold the marijuana for a week or two at a time with no problems — that we had complete protection. We told them we had access to all kinds of boats and that as much as they were able to bring in, we could handle, and our fee was \$10 a pound."

'smugglers were bankrupt'

It wasn't long before some smugglers involved early on were bankrupt, the undercover agent continued, and "it reached a point where they had nothing except us to offer people. They would become middlemen. They would use us as their property and they would offer us to different groups which they knew, so we just kept going from one group to another."

Grouper switched to New Orleans when, after DEA men had six or so boat-loads of marijuana seized, "things got too hot." There they rented more vessels and also farms to store the bales.

Mr Sarron said the agents used the same strategy as in the Bahamas — the coastguard would arrest smugglers' boats on the high seas or, local police, tipped off by the DEA, would "acciden-



Jon Newton of *The Journal*

tally" find hauls of marijuana hidden on seemingly innocent farms.

"You'd think they would have got a little suspicious," Mr Sarron went on, "but a lot of them said they never had any idea until it was all over and they finally got arrested."

'it's hard to believe'

"It's hard to believe, but it's true. No marijuana ever got in, except on one occasion when the coastguard got out a little bit late and the boat off-loaded 1700 pounds. That was the only marijuana that ever got in, but it helped our cover. On other occasions we

had our people arrested and we'd bond them out."

One reason the scheme was never discovered, he said, was the DEA agents would blame the criminals for their stupidity every time another shipment of marijuana was seized. "We'd point out their mistakes, and they'd realize — 'Hey! these guys are right. We did do this wrong.'"

'never lost confidence'

"We'd just bring in new groups. They never lost confidence, but they were more or less in a position where they couldn't smuggle any more."

Finally, Mr Sarron said, about nine undercover men were involved, and Grouper was again shifted, this time to Panama City in Florida. From there Grouper moved to Georgia, changing location when dealers and smugglers seemed to be getting suspicious about the number of shipments which were being netted by the authorities.

"And in all honesty, these guys were jovial, fun-loving kind of people. They were nice guys to work with, but of course we were performing services for them, so naturally they were going to be nice to us," he told *The Journal*.

"It's not like they were John Dillingers or Al Capones... but nevertheless, I think if you didn't have something to offer them, they wouldn't have been as friendly as they were. I wouldn't put it past anybody in this business to try and eliminate their problems."

"I don't think anyone gets into this business without knowing that at one point or another they may have to use some type of violence to straighten out a situation."

Mr Sarron — who joined the DEA seven years ago after three years with the Federal Bureau of Investigation — said the street value of the seized drugs was "phenomenal." Peter Bensinger, then director of the DEA, put the total re-sale value at \$22 billion.

However, Mr Sarron said, "it doesn't matter how much it was because in reality it's not going to deter anyone. There are people out there who are going to try and make their money off of it."

"And you have to remember a lot of the marijuana is fronted. It's on consignment from Colombia."

'difficult to duplicate'

He said that organization buyers would place their orders in Colombia and would actually watch the boats loaded. "It's like any other business in this country that has a network of buyers," he said. "They'll form a consortium and they have a clandestine group of buyers."

"The most effective method of stopping the importation of marijuana is to stop it before it leaves the source country."

But he added it would be difficult to stage a similar undercover operation. "Weed was so damned good at what he was doing and circumstances were so unusual that the chemistry would be very difficult to duplicate."

RESEARCH UPDATE/ Austin Rand

Drugs more normal than ever

Drug use was more a part of normal college life in 1978 than in 1969, according to data obtained for both years from the same United States campus. Using virtually identical methods on both occasions, Dr Harrison Pope found that, for every drug considered, use had remained the same or had increased. Weekly use of alcohol had risen from 38% of students to 44% and weekly marijuana use had jumped to 26% from 16%. At both dates, less than 1% reported weekly use of LSD, other hallucinogens, amphetamines, opium, morphine, or heroin. Weekly use of cocaine increased from 0% to 1.6%. In 1969, not one of 517 respondents had claimed using drugs from a category including heroin, morphine, and cocaine. In 1978, however, 8.5% reported they had used cocaine alone more than 10 times and 30.4% had tried it at least once. Distinctions between users and non-users of drugs became increasingly blurred between 1969 and 1978. While drug users were more likely to have had at least one heterosexual partner, there were no differences in the two groups' grades, their participation in college activities, their projected careers, or subjective alienation.

Enlightened wine-tasting

Quality of a wine can be gauged by the way in which it scatters light from a laser, says Philip Wyatt, a California scientist and oenophile. Wyatt had a non-professional panel of wine-tasters rate seven West Coast Pinot Noir wines, with prices varying from \$3.75 to \$12.00 per bottle. The tasters' blind ratings correlated fairly well with price. The most expensive wine was rated the best, the cheapest wine got the worst reviews, and the rest were

reasonably in order. Reasoning that the qualities of a wine, such as taste, aroma, color, and clarity "exist only by virtue of particle types present, be they molecules, bacteria, or even grapes," Dr Wyatt supposed that a particle-sensitive test should differentiate the wines according to quality. He shone a helium-neon laser through a carefully decanted and diluted sample of each wine and measured the extent to which the beam was scattered while passing through the wine. The lower the score given the wine by the wine-tasters, Dr Wyatt found, the wider and more irregular the angle of scatter. Dr Wyatt concludes that a number could be developed to present such information in an easy-to-use way which would provide a reliable guide to quality.

Cigarillos not safer

Cigarillos or cheroots, small cigars with open ends, are commonly believed to be less harmful than cigarettes. Not so, says a new Danish study. The study, involving 5,249 Copenhagen men, included an initial health assessment and follow-ups at five and seven years to determine the incidence of heart attack or myocardial infarction. After seven years, 41 men initially free of angina had died from a first heart attack and 129 additional men had had a non-fatal myocardial infarction. With the risk for never-smokers set at 1.0, ex-smokers had a risk of 1.2 or 20% higher, and pipe-smokers had an overall risk of 1.5. Other categories of smokers had sharply higher risk — 2.1 for cigarette smokers, 2.4 for cigar smokers, and 2.8 for cheroot or cigarillo smokers. In each category, heavy smoking increased risk further. This was particularly true with cigarillos. Those smoking seven or more cigarillos daily had a risk 4.2 times higher than never-smokers. Inhalation was as

common among those smoking cigarillos as among cigarette smokers — 75% vs 74%. The researchers conclude that for heart attack, "cheroot smoking is at least as risky as cigarette smoking."

Dope and death

From 1918 to 1920, the police department of New Haven, Connecticut, operated a maintenance clinic for morphine addicts. (A change in federal regulations led to the closing of the clinic in September, 1920.) Sixty years later, death certificates for 40 of the 91 registered at the clinic showed the mean age of death was 55.9 years, comparable to the death rates for lower socio-economic groups during this period in the United States. No death among registrants was ascribed to overdose of an opiate. In fact, "no deaths appeared to be clearly related to opiate use and it's complications." The authors believe it likely that many of the registrants ceased regular drug use. "Perhaps, like returning United States servicemen who became addicted to heroin in Vietnam, most registrants stopped using drugs when they became difficult to obtain, leaving a small fraction of hard-core addicts."

Potential abuse of anti-depressant

Nomifensine, an anti-depressant in clinical use in Europe and under consideration for use in North America, is likely to have abuse potential, says a recent study. To date, there have been no reports of nomifensine abuse, and human volunteers used in clinical trials have not said there are any euphoric or other pleasant side effects. Nomifensine is, however, similar to cocaine and methylphenidate in its action on brain activity say C. Spyra and

H.C. Fibiger of the University of British Columbia. That includes inhibiting uptake of dopamine and norepinephrine. Drs Spyra and Fibiger have found that rats will acquire and maintain self-administration of nomifensine. Moreover, varying the schedule of reinforcement or the amount of drug available per infusion will induce rats to change their response patterns so as to maintain relatively constant levels of the drug. So far, the authors say, no substance is known which instigates self-administration in animals without having potential for abuse in humans.

Most anorectics can recover

A long-term follow-up of 100 female anorectics has found that 80% benefited from therapy, says A. H. Crisp of St George's Hospital Medical School, University of London. Without therapy, Dr Crisp says about 40% can be expected to recover of their own accord over a six-year period, and about 5% will die. In his study of therapeutic outcome four to seven years after initial assessment, Dr Crisp found that 64% had achieved stable weight in the normal range and an additional 18% were close, though still on the light side. Fourteen percent had remained "severely ill," while 2% had become obese and 2% had died. Dr Crisp says the figures suggest appropriate therapy can have an impact on the long-term course of the disease, helping 20 or 30 out of 100 who would not otherwise recover, and preventing some deaths.

Austin Erisalu Rand is a science and medical journalist. He welcomes suggestions for findings that might be described briefly in this column. For references, please contact Research Update, *The Journal*, 33 Russell Street, Toronto, Ontario M5S 2S1.

INTERNATIONAL

UN attacks smoking surge in developing countries

World Bank, FAO to cut back tobacco growing support

By Thomas Land

GENEVA — Two international organizations wielding immense influence on agricultural and industrial development planning around the hungry belt of the globe have announced their intention to reduce considerably their support for tobacco cultivation.

The undertaking was made by the World Bank and the United Nations Food and Agriculture Organization (FAO) at a Geneva conference of international agencies concerned with the tobacco epidemic. The meeting exposed a

substantial difference between policies followed by some participants. However, they agreed on the social and economic importance of smoking-related diseases.

In effect, the conference set the long-term course of the global campaign against smoking. It was also attended by the World Health Organization (WHO), the International Labor Office, the UN Conference on Trade and Development, the UN Development Program, the UN Educational, Scientific and Cultural Organization, the UN Children's Fund, the UN Industrial Development Organization, and the Inter-

national Trade Centre.

These agencies are supported in the global drive against smoking by many specialist bodies and pressure groups outside the UN's organizational umbrella, such as the International Union Against Cancer, the European Community's association of consumer bureaus, and the British Medical Association.

Official sources close to the private consultations describe the discussions as "frank . . . revealing considerable differences of approach to the problem by different organizations reflecting often very different constituencies."

These words may well hide a conflict of interest between WHO on the one hand and the World Bank and FAO on the other. For WHO, the program against smoking is crucial because it ties in with its long-term commitment to the establishment of reasonable global health care standards by the turn of the century. But the World Bank and FAO are reluctant to condemn all tobacco cultivation in the developing regions because

of its apparent short-term profitability.

Most tobacco grown in the developing countries is also consumed there, in addition to high-tar tobacco from the rich world offloaded there as "aid." While the best educated and privileged classes of the rich world tend to stop smoking, the tobacco industry has embarked on aggressive advertising campaigns in the developing regions where the largest increases of smoking now occur.

About 120 countries are engaged in growing tobacco, and a reduction of encouragement as well as financial and specialist assistance to commercial cultivation by the World Bank and FAO is likely to have accelerating economic and social consequences. This may well be the case especially in Africa where several countries have introduced tobacco in a big way only recently in the hope of raising export revenues.

Some of them have been disappointed because the highly capital-intensive industry generates little wealth, in absolute terms, in the producing regions

while the medical cost of smoking must be borne by the societies in which the habit has taken root.

Specialists of WHO and FAO are already collaborating in a study to compare the economic benefits of tobacco production with the health costs of smoking-related diseases. This may lead to a model for use by tobacco growing countries considering a switch to food crops.

WHO considers control of cigarette smoking in the developing countries "could do more to improve health and prolong life . . . than any other single action in the whole field of preventive medicine."

An expert committee of the organization fears increased cigarette consumption could well undermine current achievements in the developing regions in the fields of nutrition, sanitation, and control of infectious diseases.

Apart from the agreed shift in the investment priorities of the World Bank and FAO, the global campaign against smoking is to concentrate on education, information, and legislation.

New directory helps you identify, evaluate, and select Treatment Centres in Ontario



This valuable directory is a listing of over 250 Ontario treatment programs and resources compiled by the ARF's Information Centre from data collected by the Foundation's 31 regional field offices. Separate listings for each program include information on location, hours of service, funding arrangements, client population, nature of service, and description of alcohol-specific programs.

Separate indexing provides access to the material geographically (by town and area), or by program type and client type, as well as alphabetically by the name of the centre or program.

This reference volume is a must for anyone concerned with addiction treatment in Ontario.

351 pp. \$24.95

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Too many addicts

UK turning off free heroin tap

By Tim Padmore

VANCOUVER — Great Britain is gradually turning off the tap of free heroin, says the senior planner for the treatment of narcotics addicts in that country.

Martin Mitcheson, who is also director of the drug abuse clinic at University College Hospital in London, told a conference on drug abuse here that it has become virtually impossible for an addict to get himself enrolled in a heroin maintenance program.

There is a combination of factors at work he said:

- Free heroin does not appear to be more useful than other treatments in improving health or integrating the addict into society.
- Most free heroin users still buy heroin on the black market and remain in the addict subculture.
- Staff in clinics become demoralized when their role is reduced to that of dispensing free fixes.
- Many drug abusers are "turned off" if the clinic supplies addicts with opiates, and will not come in for treatment.

"The image of the clinic is important," said Dr Mitcheson. "There is a vast middle ground that will come in to treatment but won't come if there is a program of injectible heroin."

He said Britain first introduced its policy of free heroin at a time when most addicts were older people hooked on opiates prescribed originally for medical problems.

But in the 1960s the policy got out of hand. Heroin became a recreational drug, and the number of addicts on the free heroin lists began to explode, doubling every 14 to 16 months.

Stricter controls introduced in 1968 stemmed the tide for a while, but the number of opiate addicts has continued to rise.

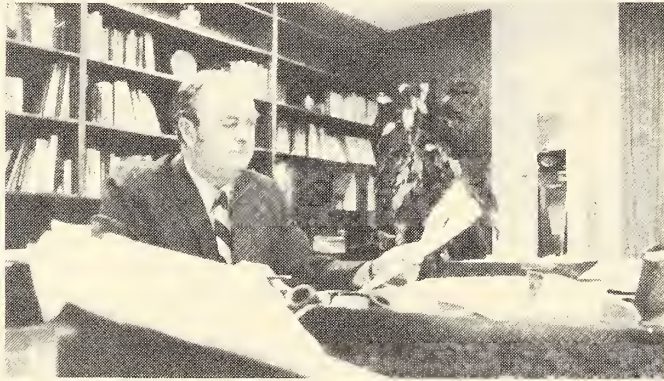
A major problem today is private doctors, who are still permitted to prescribe injectable methadone as maintenance therapy, said Dr Mitcheson.

In 1979, more new addicts were reported by individual doctors than by the government clinics.

The doctors, he noted, often charge substantial fees for their care. In a later interview, he said bluntly: "Some are blatant crooks. But the blatant crooks do less damage than the well-meaning idiots."

Methadone maintenance is still offered at the government clinics, he said, but increasingly there is an attempt to limit its duration or to convince the patient to try a drug free treatment program.

ICAA picks Archibald as its new president



Archibald: 'ICAA should reflect the knowledge of now.'

VIENNA — H. David Archibald has been elected president of the Lausanne-based International Council on Alcohol and Addictions (ICAA).

The council is the major, non-governmental agency internationally in the field of addictions and works in official liaison with the World Health Organization and the United Nations, particularly the UN's division of narcotic drugs.

Mr Archibald, founder and executive director for more than 20 years of Ontario's Addiction Research Foundation (ARF), has acted for many years as a consultant to the WHO, the UN, and the ICAA.

As ICAA president, he succeeds Leta Cromwell of St Thomas, the Virgin Islands.

Said Mr Archibald: "I think ICAA should reflect the knowledge of now, of today, in this field of alcohol and drugs. It should pull together from

around the world the people who represent this cutting edge of knowledge."

He was elected during two major ICAA meetings in June — the 27th International Institute on the Prevention and Treatment of Alcoholism, and the 11th International Institute on the Prevention and Treatment of Drug Dependence.

At the meetings, he presented this year's Jellinek Award to Wolfgang Schmidt, ARF's director of social policy research and head of epidemiology (*The Journal*, April). The award's purpose is to honor major contributions to the understanding of alcoholism and to stimulate scientific study in the field.

Although Mr Archibald retired earlier this year as executive vice-chairman, he continues to represent ARF in international affairs.

DEPARTMENT

Projections

The following selected evaluations of audio-visual materials have been made by the Audio Visual Assessment Group of the Addiction Research Foundation of Ontario. The ratings are based on a six point scale. For further information, contact the coordinator of the group, Susan Reid, at (416) 595-6150.

Our Brother's Keeper

Number: 458

Subject heading: Alcohol and the Family; Alcohol and Alcoholism; Lifestyle.

Details: 57 or 35 min versions; 16mm/3/4" video-cassette; color.

Synopsis: The disastrous effects of alcohol on the life of a physician are portrayed in this drama. Dr Keith Bennett, once a well-respected and caring physician, is shown when alcohol starts to affect every aspect of his life. He becomes alienated from his family, he blames his wife for his drinking and develops a relationship with another woman which also falls apart due to his alcoholism. His performance as physician deteriorates and he is confronted by

his colleagues about the consequences of his behavior. Despite his problem, he refuses to admit that he is an alcoholic. Having destroyed every relationship and been relieved of his duties both at the hospital and clinic, he moves to another state and continues his practice.

General evaluation: 32 min version: Good. This contemporary and informative film can have a strong emotional impact and is a good teaching aid. The assessment group liked the presentation of the problem of alcoholism among physicians.

57 min version: Fair — Good. The longer version of this film received lower ratings in most categories mainly because the assessment group considered it too drawn out. Recommended use: The film is recommended for physicians and other health professionals, medical students and hospital administrators.

Portage

Number: 457

Subject heading: Drugs and Youth; Public Relations Treatment/Rehabilitation.

Details: 25 min; 16mm/3/4"

video-cassette; color.

Synopsis: Portage is a rehabilitation centre for young drug addicts located north of Montreal. The program offered at this center, its structure and underlying philosophy, together with scenes of the residents' daily life are presented. The aim of Portage is to address the causes of drug problems rather than the symptoms. Group therapy sessions are shown, where the residents are confronted and encouraged to express their feelings and hostility. In the program new behavior patterns are taught and new values and aspirations are instilled. It is claimed that the Portage program has a high rate of success.

General evaluation: Fair. While the film provides some interesting information about Portage, the assessment group felt that the im-

pact of the highly emotional content was diminished by excessive repetition.

Recommended use: For audiences interested in information on therapeutic communities in general and Portage in particular. This film should not be shown to audiences younger than 16 years of age. The presence of a resource person is essential for discussion dealing with emotional reactions to the film.

**Teenage Drinking:
Alcohol Abuse and
Alcoholism. Part 1 —
The Alcohol Abuser.**

Number: 464

Subject heading: Youth and Alcohol.

Details: 12 min; color filmstrip with records or cassettes (also available in Spanish).

Synopsis: After a brief discussion of the prevalence of alcohol use in America and its merits when used responsibly, this first sound filmstrip in the program, *Teenage Drinking*, turns to a more detailed discussion of the problem of alcohol abuse. The filmstrip gives an overview of the extent of alcohol use among teenagers, explores some of the reasons for its use, explains some of the physiological and psychological effects, and clarifies the distinction between alcohol abuse and alcoholism. The filmstrip concludes by advising the viewer to use alcohol responsibly.

General evaluation: Poor. The assessment group judged the filmstrip to be poorly produced and boring. The group felt that it provided enough rationale for drinking to encourage it.

Recommended use: Although this filmstrip was made for teenage audiences, given the objections stated above, the group did not feel it would benefit any audience.

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DEPARTMENT

New Books by RON HALL

Alcoholism In Women
... edited by Cristen C. Eddy and John L. Ford

While it is not meant to be a comprehensive coverage, this book does include many widely recognized topics in the field. Three sections on the cause of female alcoholism, primary and secondary prevention, and treatment of alcoholism in women offer the reader suggested, preliminary answers and questions about all phases of the female alcoholic process. The etiology section discusses research evidence for a variety of possible social and psychological factors which may play a role in female alcoholism. The primary and secondary prevention section offers some ideas and approaches for helping women avoid becoming alcoholics

and for helping those who do. The treatment section identifies gaps in the knowledge about the treatment of alcoholism in women, as well as treatment modalities.

(Kendall/Hunt Publishing Company, 2460 Kerper Blvd, Dubuque, IA 52001. 1980. 205p. \$8.95.)

Cocaine: The Mystique And The Reality
... by Joël L. Phillips and Ronald W. Wynne

This volume provides a summary of historical, scientific, and popular information on cocaine and coca, statistical data concerning the use and abuse of cocaine, an overview of federal and state laws and recent legal developments, and the results of a field study of

street myths and rituals involving cocaine. An appendix presents a chronological overview of key events in the history of coca and cocaine, and provides a quick summary of many of the topics in this book, which is divided into four parts plus an annotated bibliography. Part I deals with the use of coca and summarizes its popularity through the centuries. Part II begins with the introduction of coca to Europe, the early study and experimentation, and its growth in popularity. Part III is a technical section which attempts to summarize information on the pharmacology, physiology, biochemistry, and toxicology of cocaine. Part IV focuses on the socio-psychological aspects of cocaine use and abuse. The chapters in this section draw on fieldwork, and statistics on cocaine use are summarized. A discussion of street myths and rituals of use is presented and there is an account of dealing, smuggling, and the law enforcement activities directed against them.

(Avon Books, 959 Eighth Avenue, NY, NY 10019. 1980. 350p. \$3.50.)

The Value Of The Informant Method For Studying Drinking Habits
... by Carolyn B. Liban and Reginald G. Smart

The purposes of this study were: to assess modes of alcohol consumption, drinking practices, and attitudes toward drinking in a particular area of Ontario; to compare the results of the informant method with those obtained by a standard household survey; to compare the results of both methods with estimates of per capita alcohol consumption based on sales data of alcoholic beverages for the region; and to examine the feasibility of the informant method, its difficulties, costs, and problems. This working paper includes information on drinking patterns in Ontario, a description of the informant method, the questionnaire, methodology, results, and discussion. The results indicated that drinking patterns differed according to sex and occupation; the use

of alcohol was generally found to be connected with social and recreational occasions rather than integrated with everyday activities; drinking customs promoting heavy consumption were not widespread; and attitudes toward drinking and drunkenness were generally conservative but not inflexible. Advantages and disadvantages of the informant method are discussed.

(Addiction Research Foundation, 33 Russell Street, Toronto, Ontario M5S 2S1. 1980. 112p. \$15.95.)

Special Report On Alcohol Statistics
... by the Expert Committee on Alcohol Statistics

This summary report is intended to serve as a briefing document for people, (such as senior administrators, program directors and the general public), who require a general overview of the problem area. The information is based on statistical data up to the year 1978. The report is divided into sections concerned with alcohol consumption patterns, alcohol-related problems, and alcohol treatment programs. The first section covers areas including trends in consumption between 1970 and 1978, recent changes in consumption, consumption patterns, and heavy drinking patterns. In the section dealing with alcohol-related problems, topics covered include cirrhosis mortality, alcohol-related accidents, child abuse, occupational alcoholism, and violent crimes. The publication includes seven tables and 21 charts.

(Supplies and Services Canada, Ottawa, Ontario, 1981. 44p.)

Other Books
Organized Crime Report: 1979-1980 — Canadian Association of Chiefs of Police, Montreal, 1980. Tabled at the Canadian Association of Chiefs of Police Convention held August 26-28, 1980 in Montreal, Quebec. Drug Abuse: outlaw motorcycle gangs and other topics.

Drugs, Kids And Schools: Practical Strategies For Educators And Other Concerned Adults — Tessler, D. J., Goodyear, Santa Monica, 1980. Each chapter lists resources and references. Appendix, index. 210p.

Pastoral Care In Schools And Colleges: With Specific References To Health Education And Drugs, Alcohol And Smoking — David, Kenneth and Cowley, James, Edward Arnold, London, 1980. This British publication discusses the teacher's role in dealing with adolescents in the school setting. Appendices include selected books and curriculum materials. 139p. UK £3.25.

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DEPARTMENT

Coming Events

Canada

Royal College Medical and Surgical Exposition — Sept 15, 16, 17, Toronto, Ontario. Information: Hugh F. Macgregor and Associates, 662 Queen Street West, Toronto, Ont M6J 9Z9.

Detox Training Program (Non-medical) — Sept 21-25, Nov 9-13, Toronto, Ontario. Information: Gord Gooding, Detox and Rehab Programs, Addiction Research Foundation, 33 Russell St, Toronto, Ont M5S 2S1

41st Annual Conference of the American Medical Writers Association (AMWA) — Sept 22-26, Toronto, Ontario. Information: American Medical Writers Association, 5272 River Rd, Suite 370, Bethesda, MD 20016.

A Critical View of Halfway Houses: St Leonard's Society's Annual Conference — Sept 24-25, Windsor, Ontario. Information: L. A. Drouillard, St Leonard's Society of Canada, Ste 3, 1787 Walker Road, Windsor, Ont N8W 3P2.

Input 81 4th Biennial Canadian Conference on Employee Assistance Program and Alcohol and Addiction Problems in the Workplace — Oct 4-8, Ottawa, Ontario. Information: Ingrid Norrish, Humber College, 205 Humber College Blvd, Rexdale, Ont M9W 5L7.

The Canadian Mental Health Association 63rd National Annual Conference — Oct 15, 16, 17, Chatham, Ontario. Information: The Canadian Mental Health Association, 2160 Yonge Street, Toronto, Ont, M4S 2Z3.

Addictions 81: Perspective on Research, Treatment and Education — Oct 28-30, Ottawa, Ontario. Information: Alcohol and Drug Services, Royal Ottawa Hospital, 1145 Carling Avenue, Ottawa, Ont.

Life Stress/Work Stress Symposium — Oct 28-30, Toronto, Ont. Information: Life Stress/Work Stress Symposium, Clarke Institute of Psychiatry, 250 College Street, Toronto, Ont M5T 1R8.

United States

Counseling Skills II — Aug 24-28, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Pastoral Training for Chaplains in Rehabilitation Settings — Sept 1-3, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Counseling for Relapse Prevention — Sept 4-5, Des Plaines, Illinois. Information: Alcoholism Systems Associates, PO Box 184, Hazel Crest, IL 60429.

Preparing Clinical Protocols and Managing Clinical Investigations — Sept 14-15, Central, New Jersey. Information: General Information, PO Box H, The Center For Professional Advancement, East Brunswick, NJ 08816.

Chemical Dependency And Family Intimacy Training Project — Sept 14-16, Oct 28-30, Minneapolis, Minnesota. Information: Eli

Coleman, Chemical Dependency and Family Intimacy Training Project, Program in Human Sexuality, 2630 University Avenue SE, Minneapolis, MN 55414.

Alcohol/Drug Counseling Skills — Sept 14-18, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Training School on Alcohol and Drug Abuse — Sept 14-Oct 2, Minneapolis, Minnesota. Information: JoAnne Terry, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

The Mechanics of Preparing IND's and NDA's and FDA Regulations — Sept 16-18, Central, New Jersey. Information: General Information, PO Box H, The Center For Professional Advancement, East Brunswick, NJ 08816.

Alcoholism and Drug Abuse in the Northwest: Developing Prevention Strategies — Sept 17-18, Seattle, Washington. Information: Nancy Sutherland, Alcoholism and Drug Abuse Institute, 3937 15th Ave NE, Seattle, WA 98105.

Alcohol/Drug Dependency and Mental Illness — Sept 21-22, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Intervention Skill Development Workshop — Sept 21-25, Minneapolis, Minnesota. Information: JoAnne Terry, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Family Program for Professionals — Sept 22-25, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Control Issues in Alcohol Abuse Prevention: Local, State and National Designs for the 80s — Sept 27-29, Charleston, South Carolina. Information: SC Commission on Alcohol and Drug Abuse, 3700 Forest Drive, Columbia, SC 29204.

Medical Conference on Alcoholism and Drug Abuse — Oct 17-18, Mackinac Island, Michigan. Information: Diane Vella, Michigan Alcohol and Addiction Association, 23450 Middlebelt, Farmington Hills, MI 48024.

14th Annual MAAA Fall Conference — Oct. 18-20, Mackinac Island, Michigan. Information: Diane Vella, Michigan Alcohol and Addiction Association, 23450 Middlebelt, Farmington Hills, MI 48024.

Evaluating Alcohol and Drug Programs: Current Methods and Findings — Oct 28-30, Bloomington, Minnesota. Information: Hazelden Foundation, Conference Planning Committee, Evaluation and Research, Box 11, Center City, MN 55012.

Northeast Conference on Addictions — Oct 30-Nov 3, Boston, Massachusetts. Information: Gary Seidler, US Journal, 2119-A Hollywood Blvd, Hollywood, FL 33020.

1981 Postgraduate Course in Clinical Pharmacology, Drug Development and Regulation — Nov 9-13, Rochester, New York. Information: William M. Wardell, Pharmacology and Toxicology, The University of Rochester, Medical Center, 601 Elmwood Avenue, Rochester, NY 14642.

Counseling for Family Recovery — Nov 13-14, Des Plaines, Illinois.

In order to provide our readers with adequate notice of forthcoming events, please send announcements, as early as possible, to: The Journal, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.

Information: Alcoholism Systems Associates, PO Box 184, Hazel Crest, IL 60429.

1981 NYS Health Educators Conferences — Nov 13-15, Rochester, New York. Information: Bruce S. Baumgarten, Monroe Developmental Center, Education and Training Department, 620 Westfall Rd, Rochester, NY 14620.

Grand Canyon International Conference On Treatment of Addictive Behaviors — Nov 17-21. Information: William R. Miller, Program Chair, Grand Canyon Conference, The University of New Mexico, Albuquerque, NM 87131.

Tenth ALMACA Annual Meeting — Nov 17-21, San Diego, California. Information: The Association of Labor-Management Administrators and Consultants on Alcoholism, Inc., 1800 North Kent Street, # 907, Arlington, VA 22209.

3rd Annual Training Institute on Addictions — Nov 29-Dec 4, Hollywood-By-The-Sea, Florida. Information: US Journal, 2119-A Holly-

wood Blvd, Hollywood, FL 33020.

Sixth Southeastern Conference On Alcohol and Drug Abuse — Dec 2-6, Atlanta, Georgia. Information: Pat Fields, Charter Medical Corporation, 5780 Peachtree Dunwoody Rd, 170, Atlanta, GA 30342.

Lesley College Long Distance Program in Management for Substance Abuse Providers — Jan 1982, Cambridge, Massachusetts. Information: Dr Barry Sugarman, Lesley College, 29 Everett St, Cambridge, MA 02238.

Abroad

The International Congress On Drugs and Alcohol — Sept 13-18, Jerusalem, Israel. Information: Conventions Department, Israel Government Tourism Administration, 350 Fifth Avenue, New York, NY 10118.

Alcoholism: The World Con-

ference — Sept 25-Oct 3, London, England. Information: Charter Medical Corporation, Addictive Disease Division, 5780 Peachtree Dunwoody Road, NE, Suite 170, Atlanta, GA 30342.

Sixth World Conference of Therapeutic Communities — Nov 15-20, Manila, Philippines. Information: Peter Vamos, Executive Director, The Portage Program for Drug Dependencies Inc, 3418 Drummond Street, Montreal, PQ H3G 1Y1.

12th International Institute on the Prevention and Treatment of Drug Dependence — March, 1982, Bangkok, Thailand. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.

ALC 82, International Conference on Alcoholism — Mar 30-Apr 4, 1982, Oxford, England. Information: Dr Philip Golding, Broadway Lodge, Oldmixon Road, Weston-super-Mare, BS24 9NN, Avon, England.

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Oil spilling into addictions field

ST JOHN'S NFLD — The racket of construction work reverberates through St John's. This is Newfoundland which, with Labrador, is Canada's youngest province. And it's developing country. Canada's "have-not province" is about to get rich on offshore oil.

Tom Doyle is a "Newfoundlander first, a Canadian second," and, in no other particular order, a businessman and chairman of the Alcohol and Drug Addiction Foundation (ADAF), a private organization and the chief one in the field in the province. "We're a have-not province and we don't like it. We've come across a resource the Lord put there just the same as He put the fish in the ocean and we want to bring it in," he says. There's excitement and fear. Some know the fallout of rapid social change includes increased alcohol and drug abuse. Mr Doyle is one. They've heard from Scotland, Norway, Canada's north and west — other areas blessed and cursed with oil.

In the winding, hilly streets of low, wooden shops, houses, and bars that is St John's, a new office tower stretches into the sky, dominating the view of the famous old port from vantage points miles away.

On a prominent hill looking over the Narrows, the entrance to the harbor, a new Canadian National Railway hotel is going up to shadow the edge of the city. The old CN Hotel Newfoundlander for many years served comfortably both gala local events and visitors. Now, it will probably be torn down, although some local residents are fighting for its preservation as part of the province's heritage. Newfoundland was its own dominion before joining Canada in 1949 and few people over 30 years old forget that. It can also trace its history to a time before Christ. An Indian burial ground in the province dates back 4,000 years.

In the year 1,000 AD, it was the site of a Viking settlement. Nine-hundred and one years later, in 1901, Marconi received the first transatlantic wireless signal on equipment set up on what is now Signal Hill National Park, overlooking the harbor and city of St John's. Amelia Earhart and Charles and Anne Lindbergh were all here between 1919 and 1937, for pioneering transatlantic airplane flights.

For centuries, Newfoundlanders, with their closed, quiet, and clannish ways, the Catholics and Protestants, as today, at friendly loggerheads, went on with their lives — fishing, later mining iron ore, and watching visitors come and go. Now, outsiders are coming again. Oil people. Some will leave but some of the money and ways they bring with them will touch Newfoundland forever.

The province is heading into the second half of 1981 on target to reach a forecast 3% growth in its gross domestic product. But, many of its 575,000 people on some 156,185 square miles (about four people per square mile or two per square kilometer) reckon the best is yet to come.

For the oil under the seas, and under the fish that bring them about \$100,000,000 annually, is finally worth the expense outsiders will pay to seek it out and take it.

Today, there's exploration. Tomorrow, there'll be production. Gradually, there'll be benefits and, with them, problems.

Among addictions workers, the fear, the knowledge, is that already-serious problems of alcohol use, and to a lesser extent, drug abuse, will skyrocket in the wake of the new money, the new stresses, the new people, the cultural shifts.

Alcohol already brings serious social problems.

At last count, and before oil talk had changed the future, the figures were grim enough.

Between 1970 and 1978, per capita consumption rose from 1.3 gallons to 2.4 gallons, exceeding that in Saskatchewan, Quebec, New Brunswick, and Nova Scotia. Researchers predict that within two years, the province will exceed the national average of 2.6 gallons.

There are an estimated 20,000 alcohol-addicted people in the province with a 7%

Report and pictures by Anne MacLennan

increase annually. About 10% of adult drinkers, or 50,000 people, suffer alcohol-related disabilities.

In 1980, an estimated 500 people died of alcohol-related disease, 100 of them from cirrhosis of the liver. The incidence of cirrhosis has increased approximately 40% since 1970.

Between 1970 and 1978, teenage drinking increased by 90%. (At the same time, there was a 300% increase in cannabis use by young people.)

In 1978, approximately 1,000 children were victims of alcohol-related child abuse. Upwards of 50% of violent crimes are alcohol-related.

At the end of June, Tom Hickey, the provincial government's minister of social services, announced a "very significant and important government policy."

Mr Hickey, a social worker, has worked closely with Tom Doyle and a handful of others in the field, and knows something of what lies ahead.

His announcement concerned the government's decision to establish an Alcohol and Drug Dependency Commission and to double, by next year, to \$1.3 million, the amount of government funding in addictions problems. This when most governments are holding steady or cutting back.

The commission's chief objectives, he said, are to bring together under one central agency services currently funded by government, and to develop and establish new services.

"It will have immediate impact on services and this will be particularly evident in the areas of public education and preventative programs, especially for young people," he said.

But the commission is the culmination of effort over several years to respond to yesterday's pre-oil realities. Will a doubling of the current budget be nearly enough in the face of the coming problems?

A few days later, in an interview with *The Journal*, Mr Hickey addressed the question. It was the week that Newfoundland and Labrador welcomed delegates from across Canada to this year's meeting in St John's of the Canadian Addictions Foundation (CAF). The theme was Social Change and Addictions.

"What people have to understand is where we've come from in terms of dollars and of emphasis or recognition of this problem," Mr Hickey told *The Journal*.

"There is much more alcoholism and alcohol-related trouble in this province than the people you rub shoulders with in the street know about or acknowledge.

"It takes time, education. The only way it will be opened up is through education. With the commission we have broken the back of that."

Meanwhile, small cracks are already appearing in the fabric of the society.

"It's not going to start and end with alcohol," said Mr Hickey. "There will be

Gauging the future . . .



Hickey



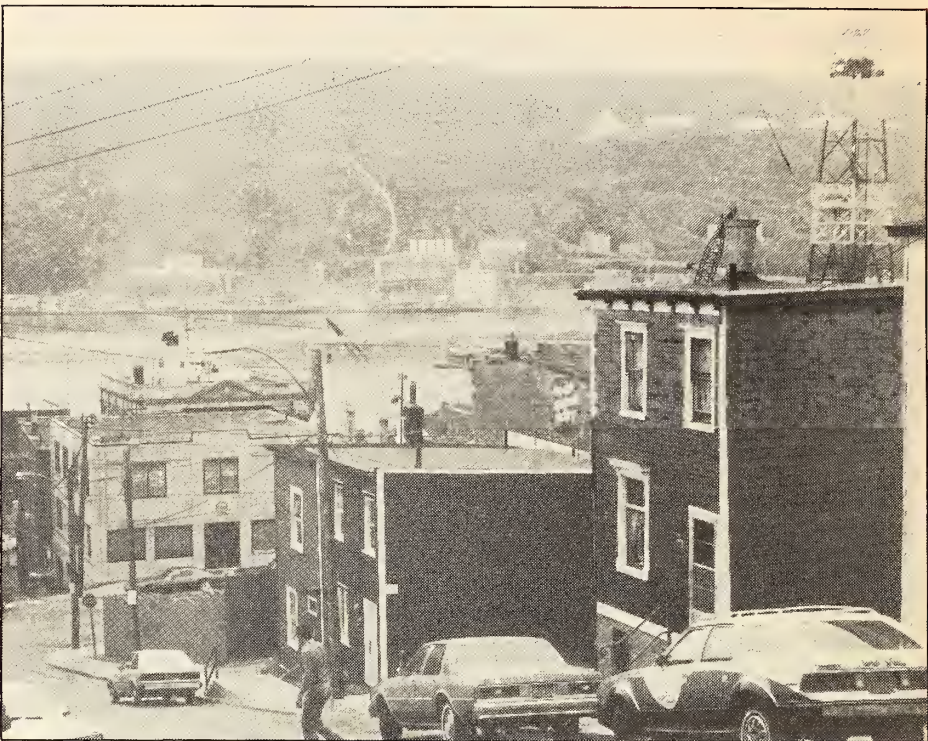
Doyle



Smith



Giesbrecht



Tower of oil drilling ship in port for supplies looms over old St John's.

serious consequences culturally which produce other types of problems. This is obvious when you see your culture, your way of life, or the standards by which you've lived, appearing to outsiders to be strange or odd or inadequate, where our way of life is not being understood by newcomers and their way of life is not being understood by us.

"That's why I feel there is a need for ownership and control of development in this province. If we are in control, if we're allowed to do it our way, the areas of trouble will be confined."

How soon will the problems come? Mr Hickey: "It's shortsighted to think we have five years. We haven't any time. We have to work very hard to keep pace with what's going on right now."

Although his agency will be absorbed, Tom Doyle is delighted about the commission.

"It totally broadens our scope. We don't give a damn if it's no longer called ADAF. What we're trying to do is get a handle on how to cope. We can't stop it from happening — anybody talking about getting rid of booze is beating his head against the wall — but we want to reduce the incidence."

One of Mr Doyle's chief concerns, too, is "the loss of our way of life."

"What happens if there's an oil spill in the fishing ground? Some scientists say nothing. Some say everything. There's even disagreement among the fishermen. Who's right and who's wrong? We don't know."

Wayne Smith, consultant on alcohol and drug abuse to Mr Hickey's ministry, is one of the people who've been searching out information on the impact on addictions of offshore development.

His research has taken him "by phone and on paper" around the world — to the west and north of Canada; to New Mexico, Colorado, and the Gulf coast of Texas in the United States; to Aberdeen and the Shetland Islands in Scotland; to Norway and back to Newfoundland.

So far, he has found a lot of research on industrial implications and economic considerations but "very little that zeroed in on social problems and particularly addictions."

There "is, however, sufficient information for us to be concerned enough to take immediate action in preparing for offshore development."

"One point was obvious. The boom phenomenon carries with it serious addictions problems," said Mr Smith.

One of his stories, in a presentation to the CAF meeting, concerned Fort McMurray, Alberta, another area of rapid resource development.

"A paper . . . which studied Fort McMurray in 1977, indicates that alcohol-related offences outstrip all other offences combined. Some of the statistics are significant. In 1974, of the 1,200 that were

jailed, 69% were for intoxication. Of the 2,000 cases heard in court in the same year, over 50% were alcohol-related."

Another of Mr Smith's stories was from Norway and Robert Ryall of the Rogland Research Institute in Stavanger, Norway close to the North Sea operations.

For the past three years, Dr Ryall has studied the rural fishing community and the impact of oil and gas.

"Dr Ryall immediately said: 'Yes, alcohol problems increase at an alarming rate. Yes, most assuredly.'"

Dr Ryall's advice? Newfoundland should build up the social service apparatus ahead of time, even in the absence of actual visible development.

Added Wayne Smith: "It would be fair to say that most of the research dealing with social impact of rapid growth suggests one major theme with regard to addictions. Without proper planning, without the proper infrastructure which includes facilities, recreation, housing, etc., addictions problems will be disproportionate to other social phenomena.

"Further, with the increase in addictions, other social problems such as child abuse, wife beating, domestic violence, etc., will magnify."

Norman Giesbrecht is a researcher at the Addiction Research Foundation of Ontario, Ontario's commission. He is also co-author with Scott Macdonald of a study, presented at the conference, on Northern Development and Research on Alcohol Problems.

As did others, he cautioned against "gloom and doom projections."

"I can't think there'll be no social problems in a situation where new towns are created, where there's an influx of people and of dollars to an area where consumption is already high.

"At the same time, that development period is, in the longer run, a preferred alternative to having an economy become weaker and weaker. That also has problems.

"You can't dress up data on human beings to make it sound like data on stress factors in machines.

"But, you can get good, basic information. One good study of what has happened is worth a dozen inadequate studies of what might occur," said Mr Giesbrecht.

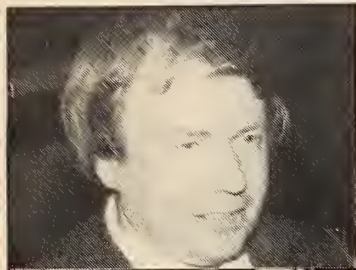
"Get in on the ground floor, get the baseline information, and follow the development right through."



Drug fight: 'public concern lacking'

By Betty Lou Lee

HAMILTON — A national society on addictions, similar to the Canadian Cancer Society, and a United Nations-sponsored Year of



Smyth: Year of Substance Abuse?

Substance Abuse are being advocated by an executive of Alcohol and Drug Concerns, Inc (ADC).

"We can identify in the cancer field a national strategy of cure, treatment, education, and prevention," Don Smyth told the 22nd annual Institute on Addiction Studies held by his organization.

"Its success is based not only on widespread public concern, but on an organization which unites treatment helpers, recovered patients, and concerned citizens — the Canadian Cancer Society."

A similar organization is needed in the addictions field, "not only to ensure that no life is lost for lack of treatment facilities, but that the next generation will not take the

place of those who are currently addicted.

"The primary task of this organization would be to identify a national comprehensive strategy of prevention and treatment, and promote their cost-effectiveness. It would identify existing programs and facilitate awareness, and work to end the ambivalence and denial evident in Canadian public opinion."

Mr Smyth, youth programs director for ADC, said everyone working in the addictions field or concerned about such problems should work to promote a Year of Substance Abuse.

The main obstacles to tackling addictions effectively are eco-

nomics, politics, and lack of public concern, Mr Smyth said.

"Right now we don't need more programs. We have effective programs, but it is my contention that no other area of public health, and indeed human behavior, is as susceptible to the power of money and economic motivation as is the field of addictions."

The most impressive progress of the past decade has been made in employee assistance programs, because "corporate states such as General Motors" have found they are good for business and are willing to fund them, he said.

"Democratic states tend to be interested in immediate financial and political benefits. We have

on Addictions
Studies inside

failed to show any. In fact, substance abuse is the most costly and most socially damaging of all the health problems."

Lack of public economic commitment to combating addiction is a reflection of public opinion. "The stigma attached to alcoholism and drug addiction has receded very little despite efforts to spotlight celebrities who have recovered."

At the political level, he said, "in Ontario we have government on the one hand raising alcohol prices in order to control abuse problems while, on the other, it is continuing to increase the outlets. Public bodies researching and testing the same programs are seemingly unaware each other exists."

The LeDain Commission on the Non-Medical Use of Drugs said the object of social policy must be to reduce the availability of and demand for cannabis and other drugs as much as possible.

"If we are honestly trying to do that, then we shall not, as a first priority, decriminalize marijuana or continue to dangle it endlessly in front of Canadian youth as the symbol of our public concern for them."

"Tackling the youth unemployment issue would do more to lessen alcohol and other drug abuse in the 80s than any other political measure I can think of. And no matter how successful such an endeavor, it would reflect some honest caring, some honest acceptance."

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The Journal

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Surg-gen
has stark
new rule
for women

'Face cannabis hazards,' Bensinger warns US govt

By Harvey McConnell

WASHINGTON — The United States has not made vigorous enough efforts internally or internationally to deal with marijuana trafficking, the nation's number one drug problem, believes Peter Bensinger.

Mr Bensinger, who was asked to resign as head of the US Drug Enforcement Administration (DEA) by the Reagan administration, said, in a number of parting interviews, there has been a lack of long range and coordinated state department policy to deal with marijuana at the source.

Drug availability cannot be reduced just by adding more agents: the answer is to turn off the supply at its source, as was done with Mexican heroin, he said.

Mr Bensinger said 70% of marijuana entering the US is from Colombia and it is not impractical to start an eradication program there. The drug is grown on 100,000 acres, less than half the acreage involved in the Mexican opium poppy eradication campaign.

He chided the Nixon, Ford, and

Carter administrations for failing to face the fact marijuana is the major drug problem in the US.

He said more attention has been given to the health hazards of cigarette and alcohol use than to marijuana use although he believes marijuana is more harmful.

The effect of marijuana on teenagers is alarming and this is combined with the enormous costs of the criminal activity involved in marijuana trafficking.



Bensinger: taking presidents to task.

Mr Bensinger, in an article he wrote for *The Washington Star*, said he would be most happy if Secretary of State Alexander Haig were to visit Colombia, Jamaica, the Bahamas, Thailand, Burma, Pakistan, and Peru.

"We must encourage foreign countries to eradicate their narcotics crops by learning from Mexico's program for opium and marijuana destruction. An international commitment is the only answer to controlling the increase in violence and drug availability."

The additional money required would be insignificant compared with "the terror, violence, addiction, and health damage we live with and, what's more, we can finance these new initiatives from the assets of the criminals we put out of business."

Mr Bensinger pointed out that the state department allocates only \$35 million a year to stem the tide of drugs flowing into the US. "This, mind you, while the drug dealers are doing a burgeoning business of over \$64 billion annually in drug trafficking in our country, and while federal agencies are seizing four times the state department budget in trafficker asset seizures."

30,000 in Toronto

Alcoholic Italians

HAMILTON — It isn't the adjustment to a new language as much as the shift from rural to urban living that creates stress and increased alcohol abuse among Italian immigrants to Canada.

Saverio Pagliuso, vice-president

of the Italian immigrant aid society Costi-IIAS, estimates there are 30,000 alcoholics among the half million people in Toronto's Italian community. And there are few professionals with the linguistic and cultural background to help them.

Speaking at the 22nd annual Institute on Addiction Studies held at McMaster University, he said it is particularly difficult for alcoholic Italians to maintain sobriety, because of cultural influences.

Dr Pagliuso is also on the staff of Ontario's Addiction Research Foundation.

Fake coke kills

HAMILTON — A white powder sold as cocaine but actually an epidural anesthetic, has killed a young man here who used it intravenously. Companions who inhaled it suffered no known damage.

INSIDE



Marvin Burke, director of the Nova Scotia Commission on Drug Dependency, is thrilled at a new, close cooperation between government officials and drug abuse personnel. It's the fulfillment of 10 years of hoping — and planning.

Page 5



Tobacco, alcohol, opium, and tea: Samuel Johnson had only to look at his own experience with drugs to make some incisive and witty observations about their social uses and abuses.

Page 11

On The Back Page . . .

Candid words on why compulsory drug treatment is doomed to failure from Jack Altman, Vancouver, who was at the helm of the British Columbia compulsory heroin treatment plan during its stormy days. His inside story of the downfall of the program details:

- Resentment and subversion of the plan from other health professionals.
- Administrative weaknesses that contributed to internal strife.
- Wasted opportunities that could have given BC a model treatment system for all forms of drug abuse.



Haig: to battle source countries?

NEWS

Briefly . . .

NEW YORK — Nearly all teenagers in the New York metropolitan area have come to regard illicit drugs as commonplace. A survey of 1,066 10th and 11th-grade students shows 54% of the respondents had tried marijuana, with 6.2% saying they used it daily. Fifteen per cent had tried cocaine; 20% pills not prescribed for them; 8% Quaaludes; 3.7% PCP; and 0.6% heroin. More than 75% said they drank at least occasionally. The survey was reported in *The New York Times*.

DOVER, UK — In this country's biggest single seizure of heroin this year, British Customs officers have taken 22 pounds of the drug from a caravanette carrying a family with five children, aged three to 15. The seized quantity has a street value of more than 3 million pounds (\$5.5 million US). The driver of the caravanette, which was returning to Dover from Turkey, was arrested along with his wife. The children were released later into the care of a woman member of the party. They had been abroad for three weeks.

LONDON — Caroline and Patrick Dunne of Twickenham are almost model volunteers in *The Sunday Times* of London's anti-smoking project — neither has had a cigarette since Nov 23, 1980. The Exercise Against Smoking project, now entering its ninth month, promotes physical fitness among 12 volunteers who must substitute exercise for smoking. "Giving up smoking together was a great help," says Caroline. "When you've stopped, you're very much aware of other people who smoke . . . the smell." While the Dunes have not been overly-motivated to exercise, a breakthrough came recently when they discovered squash.

NEW YORK — A man who police say was the "organizer, supervisor, and manager" of a massive heroin ring in New York, has been ordered, under a special provision of the law, to give up his \$275,000 home, several buildings in Manhattan and Hackensack, NJ, and more than a dozen automobiles. James E. Lofton was convicted with six others. The trial also marked the first time a lawyer has been prosecuted solely for investing narcotics money. The lawyer, Albert H. Socolov, was acquitted because of insufficient proof he knowingly invested such money.

LONDON — Business is booming here for "headshops," which deal in drug-taking accessories. More than a dozen shops in the city offer various items such as exotic pipes and hookahs for smokers, and spoon kits, razors, and mirrors for coke sniffers. Such wares are made with the same care, and often the same precious materials, as the finest jewelry.

Group wants to be free to lobby

CAF is ready 'to cut apron strings'

By Pat Ohlendorf

WINNIPEG — Turning the ailing Canadian Addictions Foundation (CAF) into a powerful lobby is the chief aim of Ross Ramsey, the organization's new president.

And to do that, Mr Ramsey told *The Journal*, CAF must cut its financial apron strings with Ottawa.

"Right now the federal government is moving toward 'depenalization' of marijuana. We need to find out how the CAF membership feels about that and to establish a clear position," he said.

"CAF can't keep sitting in the background — we have to get right out there."

Other issues Ramsey intends to poll the membership on are compulsory treatment for alcoholics, a national accreditation program for workers in addictions, advertising

of alcoholic beverages, the use of Antabuse (a widely used medication to aid abstinence from alcohol), detoxification centres in medical vs social settings, and keeping addictions separate from or integrating it with health promotion departments.

(For now, the CAF board of directors is working on better ways to poll the organization's 900 members.)

But financial independence from the federal government is necessary before the group can lobby. The first step toward this goal was taken last year during Len Blumenthal's presidency, when consultants and professional fundraisers worked with the CAF board to form new objectives and discuss ways to raise private money.

At present Ottawa provides the CAF with an annual sustaining grant of \$39,000, which is used

primarily to keep the organization's Ottawa office running. Added to this are provincial memberships, individual and agency fees, and profits from conferences, for a total yearly budget of about \$75,000.

"I'm now developing a presentation that I can take to industry to start seeking assistance," Mr Ramsey told *The Journal*.

"CAF needs a bit of a war trust so that it can get out and do battle. We've had some excellent programs in the past but we need the money to continue them. For me, becoming independent from government is a prime goal."

The CAF is a natural umbrella group for provincial commissions, private agencies, and individuals working in the field of addictions. It began in 1962 as a mutual support group for executive directors of provincial and territorial commissions concerned with alcohol-

ism and drug addiction. In 1974 its membership broadened to include any Canadian working in or interested in the field. Today the board of directors is a mixed group of government and private members.

However, since 1978, when the federal government cut the organization's sustaining grant drastically, the CAF has been beset by financial problems.

"This year I finally said to the other members of the executive committee, 'Look, either we're going to do something about this fiscal situation or I'm going to take my marbles and go home,'" Mr Ramsey said.

"We've got to rearrange our priorities. I have no doubt the combined expertise of the people on the board and in the organization can pull it off. At least we have got to the point where we all agree this organization should become the national voice for the field of addictions and that we must become financially independent. That, for me, is a major accomplishment."

Mr Ramsey, assistant executive director of the Alcoholism Foundation of Manitoba, previously worked as coordinator of human resource development with the Nova Scotia Commission on Drug Dependency. His interest in addictions began in Montreal where he worked as a volunteer in community work with alcoholics. He received his MSW from Dalhousie University in 1974.

Vice-president of the CAF last year, he was elected president at the annual meeting in St John's in July. At 31, he is the youngest president in the CAF's history.

Facts fuel ACM pot efforts

WASHINGTON — A number of monographs on marijuana and health issues and a major 60 minute documentary for television are being worked out by the American Council of Marijuana.

The council, formed with private funding in the late 1970s, now has Dr Robert DuPont, former director of the National Institute on Drug Abuse, as president, and Lee Dogoloff, head of the drug policy office under President Carter, as executive director.

Mr Dogoloff said the council wants "to take the scientific evidence on marijuana and other psychotropic drugs and translate that into health and social implications for the community. We want to inform both the scientific community and the general public."

In September the council will

issue a monograph on marijuana and the lung written by Drs Cohen and Taskin of the University of California at Los Angeles. The American Lung Association will distribute 5,000 copies to its members.

Mr Dogoloff: "We are going to produce a physicians' speakers kit, for which we have received a grant from AT&T (American Telephone and Telegraph), so that doctors, nurses, social workers, and psychologists, among others, will have accurate information relative to drug use, as they all play a crucial role."

"We have just finished a film on marijuana and driving, and we have several other monographs in preparation. We are working on television spots and with a group to put together a major TV documentary aimed at 12- to 15-



DuPont: president of American Council on Marijuana.

year-old children.

"We are considering a special initiative for teachers. We hope to hold a symposium this fall, probably in Washington, on the impact in the classroom of marijuana use."

"The Kennedy Foundation is especially interested in adolescent pregnancy, and we are helping in providing information about possible effects of pregnancy and smoking marijuana (*The Journal*, May).

"What we are trying to do is bridge the gap between science and public perceptions, to take what has been learned and put it into a form accessible and usable by the lay public."

"For example, the public impression is probably that marijuana is useful in glaucoma, whereas it has turned out that this has not proven correct (*The Journal*, July)."

The emphasis by the council is on marijuana for two reasons, he explained: "It is the drug about which there is most confusion and for which a lot of scientific evidence is coming out and needs to be communicated; and, secondly, because it has been clearly demonstrated that marijuana is the gateway drug for most young people."

He pointed out that much has changed in the past decade in both the type of marijuana available and in the segment of society that uses it.

Mr Dogoloff: "Ten years ago marijuana had about 1% or less THC potency. Now it is an average 5% to 6%. Today it is a different drug. In addition, it is now being used by a different group of people, not college students but young teenagers. And we just did not have the information then."

Peer protection makes job 'safe' for addicts

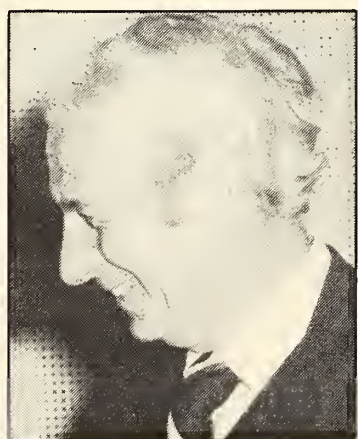
HAMILTON — A worker misusing chemicals is probably safer on the job than anywhere else, because his colleagues will watch out for him.

But under Ontario occupational health and safety laws, co-workers have a right to refuse to work in any unsafe conditions he's creating, says a Toronto management consultant.

"His accident rate is twice that of normal employees," John Caldwell told the annual Institute of Addiction Studies. "I would have thought it would be six to seven times higher, but he's safer at work than he is driving on the highway, or pouring gasoline into his boat while smoking a cigarette."

"Legislation talks about unsafe conditions as things, machines, devices, and items, but not unsafe persons." He said workers could exercise their right not to work if the worker under the influence or with a hangover was creating a hazard, but they would probably have to designate some situation, rather than calling the person himself an "unsafe condition."

Mr Caldwell, who has served as a consultant to the Addiction Research Foundation and the Workmen's Compensation Board of Ontario, says there are no sta-



Caldwell: "What about unsafe persons?"

tistics on the number of industrial accidents in Ontario that are alcohol or drug-related. "They're not researched that way."

Nor does he believe they should be. "If you said 10% of them were alcohol-related, you would stigmatize 10% of the people on workmen's compensation, and no one would know which was which."

In Ontario, treatment of injured workers costs about \$180 million a year, and the total bill for industrial accidents, including lost time and property damage, is \$720 million, he said.

US military to be used in seizures

WASHINGTON — An overwhelming majority of the United States House of Representatives has voted to allow US military personnel to make both narcotics seizures and arrests off American shores.

The unexpected vote followed two days of debate and went much farther than the senate vote which would allow the military to help civilian enforcement agencies but forbid them to make arrests and seizures.

There was intense pressure for the military to act from representatives from Florida, the hub of the traffic in drugs from South America. The 362-49 vote was tacked on to a multi-billion dollar, military authorization bill.

Some Democratic members chided the legislators for voting previously to cut funding for the Coast Guard, the Drug Enforcement Administration, and the Law Enforcement Assistance Administration, and then giving such powers to the military.

Pentagon officials have always been unhappy about involving the armed forces in narcotics matters, but had agreed to the use of military equipment and personnel in surveillance and assistance to civilian forces.

NEWS

Inner-city youths use more drugs — Winnipeg study

By Manfred Jager

WINNIPEG — Interviews with 551 junior high and high school students here have revealed that drug use is more common among students in inner city schools than among those in suburban areas.

The study also involved 104 adolescents who had dropped out of school in the city core area and

Easy sniff

WINNIPEG — A provincial court judge in Manitoba has ruled that Winnipeg city council exceeded its jurisdiction when it passed a bylaw implemented in September 1979 to restrict sale and display of glues and solvents by stores dealing in these commodities.

The decision rendering the bylaw invalid took six months of consideration by Judge Winston Norton of Manitoba provincial court. Last fall, a Winnipeg discount department store had been charged with selling contact cement from self-serve displays. The Winnipeg bylaw specifies that any intoxicating substance in containers smaller than one litre must be placed behind store counters.

The bylaw had been challenged on the grounds it dealt with criminal law, which is outside the powers of the city, and that the legislation invades the field of law covered by the federal Hazardous Products Act.

After the ruling, a spokesman for an anti-sniff coalition said the decision means that stores now can declare "open season" on children with sniffing habits.

Under the city legislation it was an offence to sell or give certain toxic substances to persons under 18 unless written consent from a parent or guardian was provided.

"The market is wide open now," said Don Macri, coalition official.

Roman Gierek, acting inspector of the Winnipeg Police juvenile division, said police will be "back to square one" now that they can no longer enforce the bylaw.

Winnipeg city council's civic recreation and social services committee now will appeal to provincial and federal authorities to enact stricter anti-sniff laws.

196 high school students from various surrounding suburbs. It showed 27% of the inner city students belonged to peer groups that frequently use drugs.

Alcohol

The study was conducted by the city's Social Planning Council and focused on "the past year."

It found that alcohol is the drug most frequently abused by core students — 42% of those interviewed said they had friends who had been drunk at least once in the past year.

Thirty-four per cent had friends who smoked marijuana in the past year, 7% had friends who had

popped pills, and 3% had friends who sniffed glue.

A parallel sample of junior high and high school students from Winnipeg's Fort Garry suburban school division found 36% had friends who had been drunk. Only 14.5% of the suburban students had friends who had used marijuana.

Popped pills

The study said less than 1% of suburban students had friends who had popped pills while almost 2% said friends had sniffed glue.

The Social Planning Council report said 17.8% of inner city youth had at least one friend who

had shoplifted. This was almost identical to the suburban response — 18.6%.

Other areas covered in the study included the frequency of break-and-enters, vandalism, and sexual activity by core area youth.

It found 6.5% of the core students had friends who committed break-and-enters, compared with 39% of the dropouts and 2% of suburban students.

About 7% of core students reported at least one friend had committed an act of vandalism. The figures for the suburban students and the dropouts were 11% and 38% respectively.

Some 15% of inner city students reported at least one friend had had sex without using any form of birth control. This compared with 4% of suburban students and 45% of the dropouts.

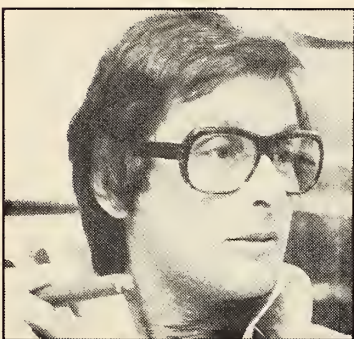
The report said the school system is the most efficient means of addressing adolescent problems in the core area and called on city authorities to assist.

Liaison committee

Winnipeg city council's recreation and social services committee responded to the report by initiating a liaison committee with the Winnipeg school division to deal with the problems.

NBC to attack drug abuse

'Drug free heroes' hit back



Robert Evans: 'has become obsessed.'

NEW YORK — An options-to-drugs campaign known as Get High on Yourself will be featured by NBC-TV September 20-27.

The campaign will include a one-hour special with 50 of America's "drug free heroes" as well as a cross-section of young Americans aged 8 to 18 years.

NBC will also open every prime time program during the week with musical messages featuring the heroes and youngsters singing "Get High On Yourself," an original song by composer Steve Karman. Mr Karman is composer of I Love New York.

The series is sponsored by Get High on Yourself Incorporated, a foundation formed earlier this year to offer positive options to

drugs. Actress Cathy Lee Crosby is the foundation's chief executive officer.

The one-hour special will be produced by Robert Evans, producer of such films as The Godfather, Love Story, Chinatown, Marathon Man, Urban Cowboy, and Popeye. Mr Evans was charged with possession of cocaine last year. While federal judge Vincent J. Broderick gave Mr Evans a deferred entry of judgment, which will clear his record after a year's probation, he asked Mr Evans to use his talents to look for a breakthrough in childhood drug abuse.

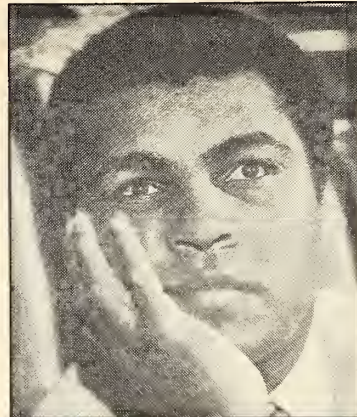
Mr Evans, who says he has now become obsessed with the project, compared drug abuse in the 80s to polio when he was a child.

"Remember polio really crippled the body — drugs cripple the mind," he said. The March of Dimes was able to conquer polio and "we want to make Get High on Yourself the March of Dimes of the 80s."

Participating drug-free heroes include Muhammad Ali, Tracy Austin, Carol Burnett, Bob Hope, Julius "Doctor J" Erving, Cheryl Ladd, Kristy McNichol, Paul Newman, Victoria Principal, and Cheryl Tiegs.



Carol Burnett (left) and Muhammad Ali (right) are two of the 'drug free heroes.'



ADPA sets fall date for meet

WASHINGTON — An Eastern regional meeting of the Alcohol and Drug Problems Association of North America (ADPA) will be held in Washington Oct 22-25.

Projected state and federal legislation and third party reimbursement will be the major themes of the conference. The conference will include the North American Women's Commission on Alcohol and Drug Abuse and the National Alliance of Chairpersons of State Advisory Council for Alcohol and Drug Abuse.

Gary Jensen, ADPA president, said the concern felt when the National Alcohol and Drug Coalition (NADC) meeting in Dallas was scratched convinced the ADPA board to consider a meeting "during this critical transition year in the history of the field."

Several contributions and offers of assistance were made available before members were polled on whether they would like a conference.

"These times are too critical for the field for ADPA not to sponsor a conference," Mr Jensen added.

Drunken sunfish studies no laughing matter

By Wayne Howell



The necessity for, and the rationale behind, pure scientific research is often not readily apparent to the lay audience. Take, for instance, public response to research into the drinking habits of fish.

The yahoos in the lay press had a field day when Senator William Proxmire announced he was awarding his Golden Fleece Award — a monthly award to the government department that has demonstrated true originality in bureaucratic bungling, boondoggling, or silly projects — to the National Institute of Alcohol Abuse and Alcoholism because it had spent part of a \$102,000 research grant on a study to determine whether sunfish that drink tequila are more aggressive than sunfish that drink gin.

Personally, I don't think this is any laughing matter. Our ignorance about the drinking habits of fish is abysmal. I know,

because I have made a very careful search of the literature. My search revealed little of substance, as these examples show:

Greenblatt, M.B., and Greenblatt, M.C. Alcohol Toxicity in Aquarium Fish. Tropical Fish Fancier 1958;32:198-9.

This paper is referred to as a "classic" in some circles and apparently the Greenblatts won some sort of an award not too long after it was published. But I find it a very shoddy piece of research indeed.

The morning after a party at Myron Greenblatt's house in Scarsdale, New York — a party at which his wife Margaret had accidentally spilled her rum and cola into the tropical fish tank — Myron Greenblatt observed that six of the 12 fish in the tank were floating belly-up and showed no physiological response even when they were showered with two grams of Hartz Mountain fish food.

From this, Greenblatt concluded that the LD 50 (Lethal Dose 50) for aquarium fish in a 10 gallon tank was two ounces of Bacardi light rum.

It appears the Greenblatts completely ignored the effects of other important variables, such as the effects of four ounces of cola on the test population. What's more, Myron Greenblatt refused to allow

the experiment to be repeated so that other researchers could try to duplicate his results. When he discovered his 10-year-old son in the process of adding another two ounces of rum to the tank, he flew into a rage and sent the scientifically curious lad to his room.

Teal, R.M. Get Those Lunker Bass! Field and Stream 1967;46:135-9.

According to Reg Teal, the owner of a fishing lodge in the Rideau Lakes region of Ontario, trophy-sized largemouth bass are yours for the asking if you seed the area around your boat with gin and then spin-cast or troll using a vermouth-soaked olive for a lure. Good results can also be obtained with a twist of lemon peel if it is floated on the water in the manner of a dry fly. According to Teal, the lunkers are most likely to hit this bait around noon and five o'clock in the afternoon.

All this is very interesting if it is true, but Teal's qualifications as a researcher are open to question and to my knowledge no research institution — not even Ontario's Addiction Research Foundation in whose backyard Teal made his discoveries — has ever bothered to confirm it. (According to a friend of mine who tried the method, the only fish that ever

hit this bait were a few sunfish, and they didn't hit it very aggressively.)

Spivak, B.M., Wilson, J.K., Branik, P.R., et al. Sharks and Spirits. Southern Australian Journal of Oddities 1972;34:178-9.

The Spivak group purported to show that sharks were partial to distilled spirits. But since their entire thesis was built upon one incident in which a 2,000 pound great white shark caught off the coast of Australia was found to have 32 mackerel, three barrel staves, one marine winch, and two unopened bottles of Johnny Walker Red Label scotch in its stomach, the study is far from being a definitive one. Indeed, the study appears to be seriously compromised because of the fact the bottles of scotch were found unopened.

As can be seen from the examples, there is a paucity of hard data in this field and the research methods are open to serious question.

More research is obviously needed, but we are unlikely to get it given the current funding climate. We will have to wait until the day a school of tequila-crazed sunfish attack an innocent swimmer and do a piranha number on him. There will be talk then, in the lay press, of a "crisis" situation, and then we will get some action.

COMMENT

Onus for addiction on everyone

By Betty Lou Lee

HAMILTON — The new emphasis on taking personal responsibility for one's health doesn't mean people can abrogate their broader responsibilities.

Professionals, governments, parents, and society in general still have obligations in the health field, says Anne Yarwood, coordinator of the addiction studies diploma program at McMaster University.

"It's good we should see that the benefits of independence and



freedom can come only as we act independently and take responsibility and exercise self-control. But we are not entirely independent or we would not be a society at all, but a collection of individuals. We are interdependent and in a healthy society that's how it should be."

Government's responsibility is "the biggest and touchiest area of all," and the one she thought was in "the worst mess at all levels."

An example, she said, was government's putting health warnings on cigarette packages, taking huge profits from the sale of tobacco, and using the profits to repair the damage done by tobacco.

Governments should clarify where they stand, she said. If they believe cigarettes are harmful, they should stop tobacco production. If they believe alcohol is responsible for traffic accidents, there should be automatic driver's licence suspensions for drinking and driving, whether there is an accident or not.

The public, for its part, should vote for candidates at all political levels who are committed to clear policies about health care.

Teachers too have responsibilities. They should educate students about alcohol, tobacco, and other drugs, said Mrs Yarwood.

"There are facts about drugs which are as indisputable as the facts of mathematics, and they are part of the knowledge which schools exist to convey."

And teachers should share their own experiences. "Talk about how hard it is to stop smoking, if you know what it's like. Talk about living with an alcoholic, or being one. Tell what has helped you."

Teachers also have a responsibility to confront students they suspect have problems, either by themselves or with a family member.

Social workers should be thoroughly aware of community resources for addictions. "And again, you must be ready to confront your clients and to share yourself with them."

Doctors have been accused of

taking too much responsibility for people's health, Mrs Yarwood said. But they and others in the health professions take responsibility for only one aspect of health care: curing illness.

They need to take more in the areas of prevention of illness and maintenance of health. Doctors shouldn't expect patients to make their own diagnosis of a drinking problem, any more than they expect them to diagnose a duodenal ulcer.

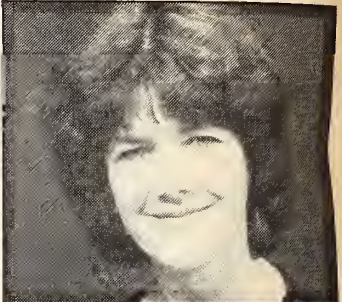
Clergy and church workers should work out their own values and position on drug dependency, as well as the larger questions of lifestyle and meaning.

"Is it all right to be dependent on a power outside one's self, but all wrong to be dependent on a chemical substance? When are altered states of consciousness, whether drug-induced or charismatic, allowable? Most important, what is the purpose of living and how are we best helped to live for that purpose?"

People in business and industry should promote and support

employee assistance programs that not only deal with alcoholism, but also provide general counselling for family problems.

Parents should educate and inform their children about ways to keep healthy, encourage them to



Yarwood: "touchiest of all."

exercise and eat properly, and help them find meaning to their lives by encouraging the questioning and thinking they are part of the discovery process.

Mrs Yarwood was speaking at the 22nd annual Institute on Addiction Studies, held at McMaster University by Alcohol and Drug Concerns, Inc.

GILBERT

"It is simply not fair to hit smokers in both ways — with more expensive life insurance and. . . with more expensive pensions."

The costs of smoking

By Richard Gilbert

According to a recent *Toronto Star* article, most life insurance companies are offering lower rates to non-smokers than to smokers. Accompanying the article was a chart giving the costs to 45-year-old men of buying \$250,000 of life insurance (5-year renewable and convertible term) from 11 companies who offered different rates to smokers and non-smokers. The average annual cost for non-smokers was \$889; for smokers it was \$1,474, ie, 66% higher.

So, as well as feeling fitter and bothering people less with smoke, a non-smoker can save hundreds of dollars each year in life insurance costs in addition to the hundreds saved by not buying cigarettes.

Smokers are like skydivers

It makes sense for an insurance company to charge a 45-year-old, pack-a-day smoker a higher premium than his non-smoking twin brother. According to the United States Surgeon General's 1979 report, *Smoking and Health*, the smoker is twice as likely to die before he reaches 50. The company is thus twice as likely to have to pay out on the policy.

Indeed, the experience in the US of the State Mutual Life Assurance Company, which has been offering lower premiums to non-smokers since 1964, has been that a 45-year-old smoker is three times as likely to die while insured than a non-smoker of the same age. Considering all ages, State Mutual's data show that smokers die more from smoking-related diseases, as might be expected, but they are also nine times as likely as non-smokers to commit suicide, twice as likely to suffer homicide, and twice as likely to experience fatal motor vehicle and other accidents.

Penalizing smokers through their insurance premiums is much like penalizing someone in a high-risk occupation. An insurance executive was quoted in the *Toronto Star* article as saying: "The smoker will wind up in the same category as the skydiver." Currently a skydiver has to pay two to three times as much as average for a given amount of life-insurance coverage.

State Mutual justifies the higher

premiums for smokers in the following way: "... non-cigarette-smokers are better life insurance risks than smokers, and ... as a mutual insurer the company has a responsibility to policyholders to recognize mortality savings attributable to non-smoking."

An ongoing debate in the insurance industry concerns the designation of smokers. It has been phrased as follows: "Should the standard underwriting class include smokers, with non-smokers being considered preferred risks; or should the standard class include only non-smokers, with smokers being considered substandard?" It seems that smokers will soon be considered substandard.

Annuities

What about the other main part of the typical life insurance company's business — annuities? Annuities of various kinds appear to provide nearly half of the income of life insurance companies in Canada, and rather more than half of their profit. In 1979, their total income from life insurance premiums was \$2.8 billion, of which \$2.0 billion was paid out in claims and dividends. Income from annuities was \$2.4 billion, with outgoings of less than \$1.2 billion. Insurance companies are making more money by charging smokers more for life insurance. Should they not be fair and give smokers a better deal on annuities?

An annuity is a regular income paid in return for a prior payment. You will probably use the money you are salting away in a Registered Retirement Savings Plan (RRSP) to buy an annuity when you retire. There are basically two kinds of annuity. Income from a *regular annuity* ceases at death, whenever it occurs. Income from an *annuity certain* continues for a fixed number of years, no matter when the holder dies; income after death accrues to the estate of the holder; life after the term of the annuity continues without income. Understandably, about 80% of people seeking annuities on retirement go for the first kind.

If you smoke, your chances of dying before retirement are raised considerably. Thus the question of what you do with your RRSP nest egg could be somewhat academic. But if you survive to 65, as most smokers do, you'll find that you get no better deal on a regular annuity than a non-smoker, even though the insurance company will likely have to provide you with income for fewer years.

According to State Mutual's data, the average 65-year-old male smoker has a

life expectancy of 12.2 years; the average male non-smoker of the same age will live for 17.3 years. Assuming that the annuity income is not indexed, and inflation rages at 10% a year throughout, it will cost the insurance company 16% more in constant dollars to meet the terms of the non-smoker's annuity. Thus it might be reasonable for the company to charge the non-smoker 16% more for his retirement annuity.

If the annuity income were indexed to inflation, the increased cost of the non-smoker's annuity to the insurance company would be 42%. In this case the non-smoker should be charged 42% more. However, the kind of annuity you and I can buy from an insurance company is not likely to be indexed.

Because even an unindexed regular annuity is likely to be a bad deal, a smoker should think about buying an annuity certain, particularly the kind offered by chartered banks, which provides an increasing annual income from ages 60 to 90.

Pensions

Generally speaking, the only indexed annuities available in Canada are the special kinds of annuity known as government pensions. All workers must subscribe to the Canada Pension Plan (CPP) or its equivalent in Quebec. Other plans are available only to government employees. Income from the CPP is indexed, to a current limit of 8% a year, as is income from the pension plan for employees of the Ontario government and its agencies. Again assuming 10% inflation, and noting the 8% limit on indexation, it can be estimated that the average single, male non-smoker who retires will receive 35% more benefit from the Ontario government's plan or from the CPP than the average single, male smoker, other things being equal. When married people are compared there is an additional complexity because, in some cases, spouses and children can continue to receive half of the earned pension, and the total benefit paid out in a particular case might be much influenced by a spouse's smoking habits.

The question then arises as to whether there should be a 35% surcharge on pension plan contributions by non-smokers, or alternatively, a 26% discount for smokers. The benefit to smokers of such a discount could more than offset the justifiably higher life insurance rates they pay.

For example, the pension plan con-

tributions made on behalf of a 45-year-old Ontario government worker earning \$35,000 a year, by him and by his employer, now total \$4,900 a year. If a smoker were to get a 26% discount, the annual cost of the pension would be \$1,274 less. This is more than twice the \$585 difference between the average annual cost of \$250,000 of term life insurance for smokers and non-smokers mentioned above.

Double standard

My quick response is to have a double standard and say that it's quite reasonable for smokers to pay higher life insurance premiums but that a discount on pension plan contributions is out of the question. The fact that smokers die early and lose out on their pensions is just tough luck, and perhaps one more reason not to smoke.

But when you think harder, the issue becomes more complex. It is simply not fair to hit smokers in both ways — with more expensive life insurance and, in effect, with more expensive pensions. It is especially unfair for society to profit enormously from the premature deaths of smokers while lambasting the same people for costing the community a fortune in medical expenses. There have been calls for higher medical insurance contributions from smokers, but these too would be fair only if pension fund contributions were reduced.

But if we consider the possibility of smokers paying less into pension funds than non-smokers, we should also think about men paying less than women. The average 65-year-old Canadian woman has a life expectancy of 18.0 years — 4.0 years longer than a man of the same age, other things being equal. To provide equivalent benefits for equivalent contributions, a male worker's pension plan contributions should be 22% less than those made by a female worker.

At this point it is tempting to question the very reasons for life insurance and retirement pensions, and to ask whether our society's present arrangements for dispensing these remarkable inventions make enough sense. I could go on at length about how smokers are not the only people being ripped off by current pension plans, and about why I think government should take over the life-insurance industry. But this is no place for that.

*The executive was James Bullock, of Guy Deschenes Insurance Agencies Ltd, who also provided me with much useful information while I was preparing this column, but who is in no way responsible for what I have written.

Next month: Drinking and driving again: Is it the pattern of drinking that leads to accidents, or the amount drunk?

NS drug commission has caught govt's ear



By
Pat
Ohlendorf

HALIFAX, NS — A persistent fantasy of professionals in the addictions field is to sit government ministers down, give them a crash course in alcohol and drug problems, and get them to use their resources and work together.

It's happening in Nova Scotia. After organizing a conference for cabinet ministers last November — and presenting recommendations to seven different ministries and the premier — the Nova Scotia Commission on Drug Dependency is beginning to see results.

"I feel so good we were able to meet with cabinet and the premier," Marvin Burke, executive director of the commission, told *The Journal*.

"There was a positive response at the meeting. Now ministers have written back and deputies are talking.

"We've been wanting to do this for 10 years. We wanted to help

cabinet understand what we were doing. We wanted them to ask questions about what we were doing, even if they were negative questions.

"We wanted to help them learn more about each of their own communities and to look at the costs of what was happening in the province. We also wanted to get them all working together on a problem that cuts across so many departments, in order to make our efforts more effective."

Since November 1980 the department of social services has been working closely with the commission to improve the system of referring people for counselling from Family Court. The two groups are discussing the possibility of training court staff in addictions concerns, and of having an employee of the commission present at Family Court.

The department of education is also acting on recommendations of the commission. In September a pilot project will begin in peer group education and counselling for teenagers with alcohol or drug related problems.

Government is also studying the commission's suggestion to put a tax on alcohol sales for re-

habilitation of alcoholics. "Nothing has been decided yet on that recommendation," said Mr Burke, "but it is being seriously discussed for the first time."

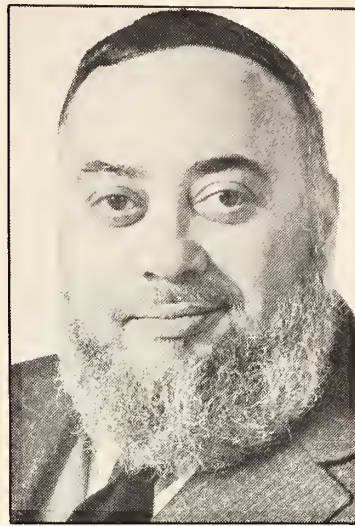
Said Ross Ramsey, newly elected president of the Canadian Addiction Foundation (see page 2): "I don't think there's a foundation or a commission in Canada in this field that hasn't fantasized about sitting down and discussing their recommendations with cabinet. It's unbelievable how people talk about this. Marvin (Burke) has had a tough job, but he pulled it off. It was really quite a feat."

How had Burke managed to move government?

One answer may be that the Nova Scotia Commission on Drug Dependency is more closely tied to the provincial government than are the other similar organizations across Canada.

"I'm a deputy head and I report directly to the minister of health," Mr Burke told *The Journal*. "Sometimes we at the commission like to think we aren't really part of government, but we must always remind ourselves we are."

Another answer may be the executive director's personal style —



Burke: "We've been wanting to do this for 10 years."

his ability to get people moving.

"Marvin's an organizer," said Mr Ramsey, who worked at the Nova Scotia Commission for three years. "When he started the commission, he didn't sit in his tower and decide what would be good for the peasants. He and his board went out to the towns and villages, found out what people wanted, and mobilized them."

Said Mr Burke: "The most important thing to us when we began in 1971, was to deliver service (detox and rehab centres, etc) where people are living — service that's comprehensive, that follows people up, and that utilizes the resources that already exist in the community."

The most important resource was people — volunteers. Within the commission's three-tiered structure, the backbone is 33 voluntary committees throughout the province. "They work in education and prevention," Mr Burke said, "and act as a multiplier of our service."

Next come the five regional boards, with members from the local voluntary committees.

Finally, the chairman of the regional boards form the central board at the commission in Halifax.

"It's a very organized and decentralized system," Mr Burke told *The Journal*. "It works well, but we needed additional resources. That's why we went to cabinet. It was important we provide a rational understanding of the impact of the drug and alcohol problems in Nova Scotia and try to put them in context with other things government is concerned about. We wanted the min-

demands of treatment."

The turning point came with the realization he could not be responsible for others' lives.

"I could and should offer whatever knowledge and skills I obtained to help my patients, but this was me taking responsibility for myself in the role of helper. The final decision to change is the patient's alone."

"Taking responsibility for others is eventually a demanding, disrespectful, and guilt-enhancing process for the patient, and a fatiguing, disillusioning, and guilt-enhancing process for the helper."

There is a particular danger in taking on too much responsibility when working in the addictions field, Dr Brown said.

"These individuals typically suffer from very low self-esteem. Their behavior communicates to others, 'take responsibility for me because I can't do it for myself.'"

isters to understand that a lot of the work of the commission could be done better and more effectively when things began to happen in other departments too."

Some other commission recommendations now being discussed are:

- setting up rehabilitation cottage industries through the department of development;
- enlarging detoxification units and providing better assessment procedures (through the department of health, of which the commission is a part);
- improving the use of breath alcohol tests through the department of transportation, and trying the tests in public bars;
- appointing a staff member of the commission to the medical advisory board of the dept of transportation;
- getting alcohol and drug dependent patients out of psychiatric hospitals and into more appropriate treatment centres;
- offering treatment programs as an option to jail sentences for certain alcoholics, through the attorney general's department;
- cutting out or limiting advertising of alcohol (though Mr Burke admits this is a tough issue).

Police drug powers right for PEI says addictions services director

By Jon Newton

CHARLOTTETOWN, PEI — Wide-ranging powers granted to police here to take alcoholics from their homes without warrants or without laying charges (*The Journal*, August 1981), are for the well-being of victims, says the director of the island's addiction services.

Two bills allowing police to detain alcoholics or addicts in treatment centres have been passed by the legislature without opposition and given royal assent, but have not yet been acclaimed.

Mark Triantafillou, Addiction Services director, told *The Journal*: "It might appear policemen can go in and arrest anyone they think is an alcoholic, but it doesn't work like that. The police have to fill in certain forms to justify to us not only their actions, but also the initiation of those actions."

"It is up to me or my staff to decide who is and who isn't an alcoholic or drug addict — not the police."

The legislation, an amendment to the Prince Edward Island Mental Health Act, says a police officer can "enter private premises to remove the person considered by him to be suffering from a mental disorder caused by the use of alcohol or other chemical substances."

The second bill, which Dr Triantafillou helped draft, states law officers can take into custody anyone found in a public place "apparently in an intoxicated condition . . . and if it appears to the officer that the person may be in need of remedial treatment by reason of the abuse of alcohol or drugs, he shall take him to a

treatment facility designated by the minister."

It has been compared to the Heroin Treatment Act in British Columbia which angered civil rights groups and is currently under appeal to the Supreme Court of Canada (See page 16).

Dr Triantafillou does not consider the legislation puts law officers in the position of having to be both doctor and judge when it comes to determining who should or should not be "detained."

Nor does he advocate the adoption of similar legislation on a country-wide basis. "Each province should look at its own socio-cultural-economic structures and its own particular needs," he said, "and try to make adjustments and decisions to fill them."

Dr Triantafillou also believes the legislation provides avenues for "any time (when) there is a need for someone to be detained, even for 72 hours. At least this way

it is done openly and honestly rather than using different means which other provinces have adopted.

"We know these people," he said. "We know them as Joe, Jack, or John. We see this as a means of giving people with drink or drug problems — and their families — a better service. This is why the legislation came to be."

Alan Borovoy, the Canadian Civil Liberties Association's general counsel, told *The Journal*: "Anything which gives the authority such sweeping powers has to be viewed with alarm and repugnance. This means the police can inflict treatment on individuals they feel are addicted to drugs or alcohol."

Medical examination must follow detention within 72 hours, but if doctors feel the person concerned needs treatment or is a danger to himself or others, the individual can be detained for a further two weeks.

vileged backgrounds in relation to our helpees. We believe that, being more skilled ourselves, if we were in the helpees' shoes we could live their lives more effectively.

"On a positive note, this gives us the confidence to help. I started this way, too. However, as time progressed I began to feel myself burdened with the weight of others' lives. I began to grow resentful and angry. I began not to look forward to going to work."

"I began saying to myself, 'Oh, no, not Mrs Smith again, or whoever it was I felt was draining me at the time . . . I felt guilty when they failed, guilty that I hadn't done my job, because it was not they who were failing, it was I."

"I finally became a victim of mental health burnout and retreated to administration, teaching, and learning — all fine and necessary activities in themselves, but for me they were primarily sanctuaries away from the

'Burnout' victim looks back on anger

HAMILTON — A victim of "mental health burnout" says that people in the helping professions too often assume responsibility for the lives of their patients and clients. And this is ultimately destructive to both parties.

Alan Brown, a psychiatric resident at the Chedoke-McMaster Child and Family Centre in Hamilton, was a counsellor in various fields before becoming a physician. He told the 22nd annual Institute on Addiction Studies how the burnout develops.

"Many of us are very idealistic and energetic when we start. We see the injustices of society so clearly. We've often had pri-

Valium is
currency for
beer, pot

HAMILTON — Valium has become a medium of exchange for Montreal youths who barter it for marijuana and beer, says the director of the adolescent clinic at Montreal General Hospital.

Frederick Lundell, who is also an associate professor of psychiatry at McGill University, says they either steal it from their parents, or get it from "questionable pharmacists" if they are on welfare and have a social welfare card.

"Bartering itself has become a big business and increases the use of marijuana," he told the annual Institute on Addiction Studies, held at McMaster University by Alcohol and Drug Concerns, Inc.

Dr Lundell, who has been speaking out against use of cannabis and any liberalization of laws controlling it for more than 10 years, said ECGs and psychological tests on users who are patients at his clinic "all show irregularities in rhythms or inconsistencies in test performance."

In 1979, 62 of the clinic's 72 new patients had drug-related problems, and last year it was 85 of 89 new patients.

Some had symptoms of organic brain syndrome, such as impaired short-term memory, judgement, and insight. Apathy, lack of motivation, dropping out of school, and anti-social behavior were common among these youths.

Dr Lundell expressed particular concern about the effects of cannabis use on the military, noting that recent samplings indicate 1.3 million of the 2.1 million men in the United States armed forces are marijuana users. Urine samples from naval personnel showed 48% had used cannabis in the previous 10 days.

Research Update
will return next month.
Austin Rand is on
vacation.

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A monthly report for professionals on developments, issues, and events of national and international significance in the field of alcohol and other drugs.

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ISDD using 'fatalistic approach'

Health educator slams safer sniffing tips

A fatalistic approach to drug abuse prevention is presented by the Institute for the Study of Drug Dependence of London (*The Journal*, June). They propose that since we cannot stop glue sniffers from sniffing, we should teach them how to sniff "safely."

The only good information in this article is in the first column. Probably the most common cause of deaths resulting from solvent inhalation is suffocation due to inhalation of vomit (aspiration). However, nausea, with an increased risk of aspiration, is more frequently associated with glues, which Nick Dorn of the Institute considers to be the safest of solvents for sniffing.

Several medical reports in my files state that when sniffers

switch to glues containing n-hexane, neuronal effects develop and, conversely, when they switch to those without n-hexane, relief results. Possibly, this is where Dorn surmises that glues without n-hexane are the safe glues. It must be emphasized these studies were limited to motor and sensory neuropathies. One paper did extend beyond this by reporting on an autopsy of one who died from suffocation due to aspiration. This is by no means a "hysterical portrayal," which Dorn fears. But the autopsy findings include pulmonary edema, congestions of the liver, spleen, kidneys, brain swelling, nerve fibre separation, hyperdistended alveoli, gross thrombocytopenia, and deterioration of fatty tissues in heart

muscles, liver, and kidneys.

One of the papers (Towfighi, et al) did caution that most of these chemicals contain some of the aromatic hydrocarbons, including toluene, zylene, and benzene, and that these produce permanent encephalopathy. These particular reports did not delve into that pathology, but several others that did confirm this about brain damage.

Recommendations are made about a health education approach similar to that on teenage drinking. There is no way to determine how much to sniff the way we can advise about limiting oneself to two drinks per hour during a social event. The only similarity between effects of alcohol and inhalants is the initial disinhibition. To advise



people to go ahead and inhale but not to become intoxicated or to inhale too heavily is totally contrary to the purpose of inhaling in the first place. Huffers do so because they want to experience euphoria and hallucinations (dreaming, in their terminology). Chronic huffers may no longer attain euphoria but they do enjoy the placid, dreamy highs. If they are going to sniff, they will do so until they reach what they want to, and the extent of huffing will vary from one person to another and from one product to another.

Another determinant is the method of inhalation. Tolerance develops much more rapidly than among alcohol drinkers and such conditions may vary among people at a sniffing party. Are we to assume that these people will be content to replace these satisfactions with dizziness induced by holding their breaths?

To be receptive to the proposed advice, juveniles would have to be in an idealistic state of mind, in which case they would not likely be involved in inhalant use in the first place. Among huffers, there are varying states of attitudes, each influenced by contributing factors, extent of dependency, and consequences of inhalant use. Reactions to efforts at intervention in their inhalant habits vary accordingly. In this situation, it would be more likely one of hilarity, and the satisfaction that it must not be so dangerous to be a huffer after all.

There is much to discuss about inhalants, much of it more recent and more conclusive than the materials mentioned here. *The Journal* should be a catalyst for such discussions.

Morris Dyer
Health Educator
Miami Indian Health Center

NEXT MONTH
The Start
of
Something Special
for kids, teachers,
youth leaders,
and parents
in

The Journal

The Journal welcomes Letters to the Editor. Letters may be sent to The Journal, 33 Russell Street, Toronto, Ontario, Canada, M5S 2S1.



"STRONG IT IS, BUT IT SURE AS HELL AIN'T FREE!"

THE TRUE NORTH

The Journal

In this second of two Special Reports, Harvey McConnell, The Journal's contributing editor, Washington, DC, continues his investigation of alcohol and drug abuse in the North. This month he focuses on some of the people and programs that are countering the devastation of alcohol abuse, including the director of the first alcoholism counselling and treatment centre in Barrow; Carole Baekey, bush lawyer; Tom Jimmie, a social worker with Natives in Haines; John Alfonsi Jr., who has seen what drink has done to Native peers; and others working in addictions at the top of the world. The Journal is a monthly publication of the Addiction Research Foundation of Ontario, 33 Russell St, Toronto, M5S 2S1, Ontario, Canada.



Harvey McConnell



Oil exploration takes on big role in the North

Alcoholism war under way at the top of the world

BARROW, AK — Sam and Loretta Kenton's move for a year to Anaktuvik Pass, about 400 miles from here, was the key to opening Barrow's first alcoholism counselling and treatment service.

When the Kentons moved out of their home, social worker Stephen Krajcir moved his service in.

"This Inupiat Eskimo community, which is about 3,000 years old, feels it has been betrayed and hurt by white outsiders concerning alcohol problems here. When I came up earlier this year I was told not to get alarmed or discouraged if it took us six months or more to be accepted," Mr Krajcir said.

"However, because we were able to rent a house owned by one of the respected names in the community, and because everyone knows where it is, and it's a safe place to be, we had 35 clients within the first month, and now we have more than 50."

Barrow, with a population of about 3,000 Inupiat and about 200 whites, sits on the shore of the Arctic Ocean and is the northernmost community on the North American continent. For 67 days in winter the sun is never above the horizon, and for 82 days in summer never below it. Winters reach more than 50 below, but snowfall is minimal as this is an Arctic desert region.

Barrow is the hub for seven Inupiat communities, stretching from Port Hope on the Bering Sea to Kaktovik on the Canadian border, and inland to Anaktuvik at the foot of the largely unexplored Brooks Range of mountains.

The Eskimos — Yupik in western Alaska, and Inupiat and Inuit in Canada — still hunt whale, seal, walrus, caribou, duck, and geese, and kill polar bears, which will stalk people and in winter sometimes wander off the ice into villages.

The sea is ice-free for six weeks in July and August. It's the only time supplies can be brought in by boat. In the 19th and early 20th centuries, it was in these same months that Canadian and American whalers visited and introduced the people to alcohol.

Until a decade ago the only whites in the area were employed at the nearby defence early warning station (DEW line) and the United States Navy Arctic Research Laboratory, now closed. Housing has always been at a premium because most of the land around Barrow is owned by the US government as a strategic naval oil reserve.

Most people live in one-room houses built on stilts because of permafrost. Most have one single window which does not open — it's too cold outside. A number of new houses and 12-plexes are being built on the scarce land available.

Heating is by natural gas, and water costs 15 cents a gallon, is pumped from a lagoon, and delivered by tanker trucks. Sewage is confined to "honey buckets," pails collected several times a week.

There is a short road system around Barrow and out to the point and DEW line. Most people ride snowmachines in winter and three-wheel balloon-tire tricycles in summer. Until the 1960s most people lived by subsistence hunting.

Then came oil drilling at Prudhoe Bay about 120 miles east of here.

Today Barrow, its North Slope Borough, a native regional government whose powers extend across the top of Alaska from the Brooks Range over the tundra to the sea, and the Native Arctic Slope Regional Corporation are rich from oil revenues.

Oil has brought, among other things, very high wages, a constant influx of strangers, 11 television channels, a \$48-million high school with an olympic size pool, and severe alcohol and drug problems.

The Inupiat are torn between two societies and feel bitter because of that. Claims have been made — and refuted — that a majority have severe alcohol problems (the figure is actually about 23%). In summer come the tourists to stare and to photograph.

Mr Krajcir: "You have also got the problem that there are a lot of people down south who want to discredit the Eskimo. It serves their purpose to shout: 'Who cares about a bunch of drunk Eskimos? We want the oil. Give us the right to go in and get it.'"

It is no secret the two Native corporations are not popular with the oil companies and their allies because of restrictions the corporations place on drilling and ex-

ploration. One current controversy concerns proposed drilling in the Beaufort Sea, mating ground for whales.

"Suddenly this community has been exposed to high wages and the consumer society and the pressures that go with that. As almost all shipping is by air, it's easier to buy a new snowmachine when yours breaks down and use the original for spare parts. A gallon of milk is five dollars and a mile-and-a-half cab ride nine dollars. Food is very expensive in the stores.

"Because of state fire laws, we had to put in a window which would open into the Kenton home. It cost us \$600 to buy and install.

"And you have to remember the past. The whites tried to stop the Eskimo from speaking their language, and their children were sent to school all over the states."

Steve Krajcir's view is echoed by John Gaisford, supervisor for the Alaska family services on the north slope. "The parents of today were away (from home) during their teenage years and they learned no parenting skills. Now they don't know how to handle their own teenage children."

Children are no longer sent outside to be educated but it will take a generation for this to be felt.

Elise Patkotak, a native New Yorker who came to Barrow nine years ago as a nurse and is now director of the borough's health and social services agency, has seen the rapid change "which has produced unresolved tensions and pressures.

"Our worst problem drinkers are those who are not able to cope with the new world and who have stopped working in the old world. They don't know what to pass on to their kids.

"Another thing is that the Inupiat do not view money like

whites who are taught to save and invest. Here security is an ice-hold full from a good hunting season so the family can be fed. Why not spend the money on gadgets?"

"But the Eskimo will survive long after Prudhoe is pumped dry. They have to redefine their own culture and nobody else can do it for them."

No one questions there is resentment against outsiders. Those who live in Barrow must be prepared for it.

Mr Krajcir, who has worked in individual and family therapy since 1976, was helping set up a program at a Berkeley, California, hospital when a graduate school friend working in Barrow suggested he might be interested in being first director of the borough's new alcoholism program.

"I came up in the middle of winter and stayed a week. I became convinced people needed my help, and I found myself actively talking myself into the job instead of actively talking myself out of even coming up here.

"We were so lucky to get the Kenton house. Now we plan to move the program by winter into a municipal building and install an eight-bed residential unit. Community leaders are getting behind us and we have gained acceptance. I have five people working with me. We are open from 5 pm to 3 am officially, although at times it's 24 hours a day.

"The Inupiat are a very gentle people and very communal when they are sober. When those who drink drink, then the animosity for the whites, and the feeling of having lost something, comes out.

(See — Barrow — page 10)

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• The Teslins' hope 10



Stephen Krajcir and \$600 window

A NORTHERN NOTEBOOK

PEOPLE AND PROGRAMS



Carole Baekey heads for the bush: backpack replaces silk dresses.

Carole Baekey, bush lawyer

ANCHORAGE, AK — Extremes are the norm in the far North: two months after leaving downtown Washington, DC, lawyer Carole Baekey was flying around the bush in subzero weather explaining to native communities how to control alcohol sales and possession.

Nine years in Washington, including law school and later a position with a leading law firm there, were enough for Ms Baekey: "I just got tired of people talking about condo mortgage rates and pasta makers."

She visited her sister here, was offered three jobs, and moved.

Now more than 5,000 miles and a culture away, she is the first statewide alcoholism coordinator for the Alaska Legal Services Corporation, a non-profit agency providing help for the poor. And she's the only lawyer seen in the bush.

"The best silk dress collection in Washington" has been traded for arctic weather clothing and boots — "a backpack from which I practise law; a sleeping bag; a duffel from which I can live for a week; a survival kit with a fishing line, buck knife, silver foil blan-

ket, a small knife, waterproof matches, and a first-aid kit; and enough granola bars, tuna fish, crackers, and cheese if people in a community forget to feed me, which has happened from time to time."

Silk dresses had their place, though, when she and colleague Barbara Thorn, and others, lobbied adamantly in Juneau for Alaska state legislators to pass Senate Bill 65. It paid off and the bill, a refinement of a 1980 one, was signed into law in July by Governor Jay Hammond.

The new bill allows communities

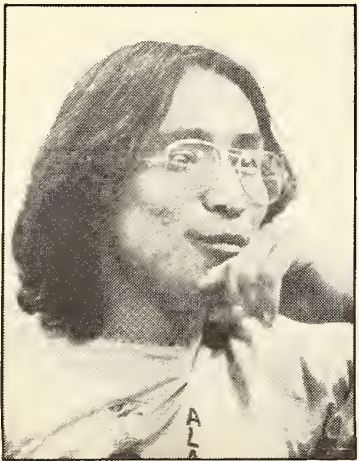
Tom Jimmie, social worker

ANCHORAGE, AK — Tom Jimmie, 28, is a Tlingit Indian who grew up in this state. He believes one of the problems in the North is that there has been no real development in Native culture, that it came to a standstill with the invasion of people from the south.

He says he "got turned off" as a youngster because he felt he wasn't growing any more.

Hating whites is something I used to think about before I went to work on the pipeline. I would think about some ways of getting my people together and capturing the state building in Juneau and saying: "Listen you white people. Leave us alone and get the hell out of the state." This was just one way of focusing my feelings.

Then I worked on the pipeline for nearly a year on a gypsy crew as oiler and rig operator. We oiled the roads to keep down the dust almost from Prudhoe Bay to near Anchorage. I found myself reading a lot, things like psychology and law books, and, at the same time, the more I read the more I was pointed toward my village.



"The urge is to be with my people."

Haines is a partying town. There are parties all the time. In the past, our people never tried to outdo anybody else. You were always advancing as a group in a non-competitive environment.

I found when I got back to Haines I was going down and saying to my peers that what we were doing is wrong. I tried to explain we should be trying to do something

else besides spending all our time smoking dope and drinking alcohol, and going out and partying all the time and not really doing anything else.

I was slowly realizing that something needed to change. I never thought we had to prove ourselves, but when there is drinking there are fights among our people all the time. When not drinking we are good with each other. But there is hardly any exchange about what is bothering me, or what is bothering you, when not drinking.

There are times when things do change. In the summer there seemed like little or no time to be spent in bars because we were out making sure we had enough wood to keep the smokehouse full of smoke, and catching fish, and gathering berries, and we were constantly doing those kinds of things.

Many people have a feeling there is a need to have money, even though you're sure your pantry is full of all the food you need for the coming winter.

There is not much to do in Haines so you go to the bar. The only extracurricular activity in Haines means going to the Riptide Bar,

Tom Jimmie, 28, is a Tlingit (pronounced cling-it) from Haines, Alaska. John Alfonsi, 20, is a white who grew up in Mentasta, Alaska and now lives with his parents in Fort Yukon, in that state. The two men have never met. But each has seen the impact of alcohol and drugs on the native youth of Alaska. Mr Jimmie works on a prevention program for young people in a Tlingit cultural context for the Alaska Council on Prevention of Alcohol and Drug Abuse. He wants to study at the University of Alaska. Mr Alfonsi enters the University of Alaska this month to study land management.

there is no way around it.

I am a firm believer that in order for our people to protect those things which are culturally important, it is for us to practise them all the time. Like my inheritance, which comes from my uncle, my mother's brother.

I think if we don't live these things we are going to lose them, but if people do drink so much, I don't know how it can be. We need to develop our culture in order to keep up with the culture we are living with now.

Unless our language and our culture does that, then our culture will never grow, and I don't see how any of my younger people, the next generation coming up, can get excited about our culture unless it is growing.

My grandfather is really strict in saying we should not pollute the culture by placing impurities in the language and culture. But some things have to change. It was really, really frowned on for me to talk to my sister because she was my sister. The whole idea behind it is to prevent incest, and I was only supposed to talk to my brothers: I am an Eagle so I was only supposed to talk to people on the Raven side.

Retaining some things are terribly important: the respect we had for each other, the respect for the land, and for everything around us.

We all know alcohol is something which is deteriorating relationships among ourselves. It's something which always seems to be talked about among ourselves, and the perspective right here and now is what kinds of things are being lost by us indulging so much in this.

The struggle is to find a purpose, a sense of direction. How can we promote that sense of purpose in our culture? It is something which rolls over and over and over in my mind.

It is always on my mind to go back to my village. And I think of things connected with it.

Take the whole idea of the totem and its carvings, which were recognition of spiritual growth. It is something few people of my age understand. I don't understand my own language that well to see if I am going along with my elders. It

was never really spoken to me in my family. My grandmother's excuse was that "when I went to school they would put soap in my mouth."

I am going to do my best to go to the University of Alaska where my language is being taught — and by a white man, too.

All the time the urge is to be in the village with my people. Right now I don't feel I am fulfilling my responsibility to my two nephews. How can I compete with the schools, where they are told something else? What does that do not only to my nephews' self-esteem, but to my own self-esteem?

I'm constantly being pulled in two directions, I don't feel at ease here in Anchorage, and a lot of the time I have a sense of inadequacy as I'm not with my people.

I feel a lot of times our people are a real large entity, as an individual would be an entity, and a real feeling of wanting to know ourselves so we can be a contribution to someone else: recognized as individuals but also recognized as a whole.

Much of our teaching is in the form of stories but, in them, the decision is still left up to the individual as to which path he wants to travel. There is no real pushing. The whole idea is to grow at your own pace.

Our people are Christian really as we believe in one God and I don't see why we can't express and teach the whole idea of God as how we see him within our own language and within our culture.

With my people it may be we will come so close to seeing the whole culture becoming extinct that they will turn away from alcohol. I think things will be saved, and I think things will come together.

There are people out there who speak the way I do about our culture a lot. Some refer to our people as a sleeping giant which is beginning to wake up. Some people talk about some environmental phenomena as God's way of cleaning up, and I feel alcohol is one of the things which is helping to clean our people up. Those who survive will be strong.

The most important things in my life are my health, my family, and my culture. It always comes back to them.

Yvonne Thorlackson, Yukon ADS



"They're much more aware."

WHITEHORSE, YT — Parents in the Yukon Territory are slowly waking up to the fact that alcohol and drug use is prevalent among young people.

Yvonne Thorlackson, coordinator of treatment programs for the Yukon Alcohol and Drug Services: "The territory is now catching up with the rest of the country, and the drug situation is about what it was down south six or seven years ago.

"For example, we are now starting to see some PCP use, when it is available. One of our problems is that we have such a transient population in the sum-

mer and they tend to bring in drugs."

She said glue sniffing is being done by children seven and eight years old. There is also some gasoline sniffing.

"I doubt that there is a young person who is in school in the Yukon who is not touched in a very negative way by alcohol and drugs, or adults who are not affected by alcohol," says Ms Thorlackson.

"Until recently, the attitude of many parents to drug use was that they didn't know or suspect it, and thought the behavior patterns they saw were just part of growing up. Now they are much more aware."

The Journal wishes to thank these people: James Davies, deputy minister for health and human resources, Yukon Territory; Nancy Devitt-Dryden, Bob Martel, Lynn Malinsky, Yvonne Thorlackson, Charles MacLaughlin, Yukon Alcohol and Drug Services; Val Nefedow, Whitehorse Band; John Peter, Teslin Band; Dr Peter Steele, Whitehorse; Robert Cole, executive director, George Mundell, regional program coordinator, Alaska Office of Alcohol and Drug Abuse, Juneau; Dr Earl Albrecht, affiliate professor of medical science, University of Alaska, Palmer; Matt Felix, director, Alcohol & Drug Abuse Central Agency, Juneau; Elise Patkotak, director, Carl Hild, North Slope Borough Health and Social Service Agency; Stephen Krajcir, program director, Barrow Alcoholism Program; John Gaisford, Ann Hathaway, department of family and youth services, State of Alaska, Barrow; Barnarsi Lal, director, Bud Wilkins, Regional Center for Alcohol and Other Addictions, Fairbanks; Kris Krestensen, Eleanor Alfonsi, John Alfonsi Jr, Fort Yukon; Rita Hogan, Tanana Chiefs Conference, Fairbanks; May O'Hara, North Pacific Rim department of health, Anchorage; James Messick, Alaska State Troopers, Anchorage; Rinna Posehn, Aleutian Islands, The Association for Stranded Rural Alaskans in Anchorage; Carole Baekey, Alaska Legal Services Corporation, Anchorage; Dennis Delso, PhD, Anchorage; Tom Jimmie, Barbara Hoffmann, Howard Scaman, Alaska Council on Prevention of Alcohol and Drug Abuse, Anchorage; and others who, for personal or professional reasons, wish to remain anonymous.

THE TRUE NORTH

to decide if they want to ban the sale of alcohol; ban sale and possession of alcohol; allow issue of individual liquor licences (to bars); or allow one community liquor store to operate (and no bars).

Ms Baekey, who visits communities by invitation to explain the new law and answer questions, knows a number of communities want to hold a vote. Others do not: "Shageluk broke my heart. I have never seen so many dirty, ragged people in my entire life."

"I was just another white to them and clearly the people weren't interested in anything I had to say. They told me what they had was working and said they wanted the planes to be able to come in every day and bring in liquor."

She emphasizes: "We are not making choices for them. You want them to do what is best for them. You may not think what they do is best for them, but, in fact, it may be."

Ms Baekey has been pushed in the snow and told to "get the hell out of our land."

"If an Alaska state trooper goes in with me I am sort of a mystical

figure," she says. "But if I go in alone, the men in the community have no qualms about flirting with me. In some communities older women look after me, and one lovely Eskimo lady has 'adopted' me as a granddaughter."

She believes many whites in Alaska still consider natives



Baekey: "What frightens me are great white professionals."

"funny brown people" or else dislike them intensely. She and an Eskimo friend were refused service at a roadside restaurant until the magic words "lawyer" and "interstate commerce" suddenly produced a table.

On New Year's eve she was in a community where a resident "paid \$122 and change to have 24 cans of beer flown in." At Easter in another community, she and the Russian Orthodox priest and his wife were the only sober people in town.

Ms Baekey has had extremely good cooperation from the state troopers who keep telling her alcohol is the cause of most of the problems they have to deal with.

"They are all so concerned and have such big hearts, even though one told me he is 'the last of the hard men' and another believes in 'law and order by God' but is always at church on Sunday with the natives, and the kids are always in his house."

Ms Baekey gives more than advice about alcohol and the law: "Women of all ages come up and talk to me about drug and alcohol abuse, infidelity, beating, the ways they are trying to do their best to hold families together."

"What worries me is the fact the missionaries have destroyed the cultures, but really put nothing in their place. There are other things. Take electrification — that has brought bills and a need for money to pay them, and television."

She continues: "What frightens me is the great white professionals who go out into the field meaning well. The Natives think we have the answers, and we don't have the answers for ourselves. Teaching can be bad. There are a lot of teachers out there who are running from their own lives and don't care about the kids. And bright, capable people are being screwed."

Ms Baekey and her colleagues do their own soul searching: "We spend a lot of time wondering if we are modern day carpetbaggers out in the bush making money and somehow living off a lot of injustice and then turning around and being very pious about it."

She finds in alcohol education and prevention "a lot of things being produced for the bush in touchy, feely, goo terms, or which have second grade concepts."

Her project is the first of its kind. It appears that with the new

law a number of communities will hold votes on the options by the end of the year.

Ms Baekey says the main concern among many village elders is the increase in use of drugs, predominantly marijuana and cocaine, and now PCP.

"What I hear again and again is that we know about alcohol and we know what that does to people, but we don't understand drugs. We don't know what they do to people and why they do what they do."

Ms Baekey has decided by July 1982 enough will have been done and she will move on. Her aim is to help the 12 native corporations, which by 1991 have to start paying taxes on their land and other holdings, and to generate enough income to pay for social and medical services to members.

But for now the focus is alcohol.

"There are many, many people out in the bush who know what alcohol is doing and that things must change. I always remember what a Yupik said at one of our meetings: 'If we don't do something like this to protect our people so that they know what they are doing is wrong, then there aren't going to be any of us left.'"

"He is right."

John Alfonsi Jr, student

FORT YUKON, AK — This village of some 1,000 Athabascan Indians made its fortune for a century by trapping. Today most of its income, some \$400,000 a year, comes from the community-owned liquor store.

The village, just inside the Arctic Circle, 160 miles northeast of Fairbanks, has one of the worst alcohol problems in Alaska; 200 miles up the Porcupine River live Athabascan kith and kin in Old Crow, which is acknowledged to be the band with the worst alcohol problems in the Yukon Territory.

Eleanor and John Alfonsi have lived in Alaska for a number of years and have a homestead in Mentasta, in south Alaska. Their boys, John Jr and Chris, have grown up in the state.

John Sr, a teacher, and Mrs Alfonsi recently spent two years in Durham, North Carolina, so she could complete work at Duke University as a physician's assistant. She now supplies the medical aid in Fort Yukon.

Young John Alfonsi, 20, enters the University of Alaska this fall to study land management. For him and his brother, alcohol is not an adult problem: having lived their lives in small communities with Native children, they see what it is doing to their peers. This is how John views it:

"I have lost six of my friends in Mentasta at least. One fell of a snow-machine when he was drunk and froze; one was a girl who was gorgeous and who we all chased. She ran her car into a tree."

These people were my friends. I hunted and trapped and fished with them. We grew up together.

The most important friend who comes to mind is Danny. We were really good friends. We hunted together, we trapped together, we chased girls together. Things like that. We really had a good time.

But lately, after two years away, when I go around to see Danny we have nothing to talk about any more. Danny is too busy drinking, too busy smoking dope. He is too busy running around looking for the next drink.

It is really sad because I still want him to be my friend. I still try to bring up the old things we used to do and say 'Hey Danny, remember this and remember that?' Ah, he remembers, but that's just it. It's all in the past now, it is nothing to him any more, whereas to me it really means

something. What you do with your friends really means something.

And I have lost Danny. He is not dead, but effectually is not really there any more. He is kind of gone. He has just faded more or less into the background.

If only we had matured along the same lines and thought of eventually settling down and having a future then we could have really stayed close. But things have changed so — when we were kids we would fish in the lake and clean eight or 10 fish and give them to the old people. Now it is only me and my brother who do that among our peers.

When I came back from North Carolina nothing had changed for me because they were still my friends. They were still the same people I left. But some place along the line the white man to them became an obsession.

I came back and they started looking for reasons, waiting for me to screw them so they could call me a damned white man and so we couldn't be friends any more.

Recently one of my friends asked me for a ride home one night. He lived about 20 miles away and I didn't have much gas but he gave me five dollars to help out. He left his jacket in the car, which I never noticed, and somehow along the line that jacket disappeared.

One day my friend's father came to me and asked me what had happened to the jacket. I told him I had not seen it, and I had no idea. But since then they think I stole that jacket. Really they know I didn't, they honestly know I wouldn't do that, but now they have an excuse to say that I am like the rest of the whites. It's so sad.

When they are sober they know in their hearts they want to help themselves. They are the nicest people you will ever want to meet. They are kind, they are gentle, and they are giving. They are so giving it is ridiculous: they will give you anything. Don't say 'I like that' or you will wind up with it, or one like it.

The situation is like sharpening a pencil from both ends to see where it meets. They say we brought booze and took their land, and these things are true. But we have tried to compensate in the wrong way by giving them everything in the way of government money and that is not the way to do

it. It is pulling the rug out from under their culture and they will never feel they are Indians.

You tell them their culture is dying, but by the same token you are taking their culture away. I cannot believe people cannot make the correlation between giving them everything and yet destroying their culture. I can't believe anybody is that stupid.

We took so much. Look in the graveyard: names like John, Mark, and Peter. They don't even know what their real names were. We took their language. Older people speak some of the language but kids my age and those a bit older don't understand much, and the younger kids, forget it.

But they don't want to be white, which is why they don't often learn English that well. They want to avoid white people. They have lost the skill to express themselves in either language.

There are things we can do and the real one, the most important one, is not to give them that damn drink. But it won't happen and you know why? Money. You are taking their culture away and selling them down the river to make money from alcohol.

Northern bars, camps want woman's touch

WHITEHORSE, YT — Almost every bar in the Yukon Territory now employs women behind the bars and to wait on tables because of their effect on general behavior.

Companies running exploration camps in the bush are also hiring women because it produces a better camp atmosphere.

Nancy Devitt-Dryden, employee assistance program coordinator for the Yukon Alcohol and Drug Services, concluded from a survey she carried out that "hotel owners prefer to hire women bartenders because they tend to raise the general tone of the bar, there are far fewer fights, and the men act more gentlemanly."

"For the same reason, companies running exploration camps in the bush want to have women working in the camps because it makes for a better camp."

In interviews with women bartenders and bar maids, Ms Devitt-Dryden found that most had worked across Canada.

"They like doing what they do because it pays very well. They said that women drinkers in the Yukon are different too — they tip as well as the men, they can come into a bar to drink and not be bothered by men, and if they are in



John Alfonsi Jr: "When they are sober they know they want to help themselves."

Look at Fort Yukon. If you took that damned liquor store and threw it into the Yukon River, what a difference it would make. They wouldn't be able to have that drink. But that is not going to happen in Fort Yukon, at least that is the way it seems now.

I know it's morbid, but in 30 years the people who are 60 and over will be dead. And when they are gone that is going to be the end

of their culture.

The last thing they really do in Fort Yukon, which is part of their heritage, is go on fish camp in the summer when the salmon run. They are up and down the river smoking and drying salmon, and visiting.

It is the last real thing they do, and there are so many things which are gone and they will never come back. Never.

a mixed group women buy rounds as well as the men.

"They said that down south women do not tip nearly as well, and not as many buy their own drinks, but just let men buy."

Ms Devitt-Dryden says employ-

ment of women is extending to many areas, including mines.

"One of the main aims of the mining companies now is to attract families to the mines. They bring a more stable environment to the area."

Isolation prompts Rx abuse

FAIRBANKS, AK — Prescription drug abuse is a common problem among many wives of workers who come to Alaska from the lower 48 and are unprepared for life in the north.

Bernarsi Lal, director of the Regional Center for Alcohol and Other Addictions here, explains: "So many of the wives come from Texas, Oklahoma, and Nebraska and they feel lost."

"There is isolation, pressure to take care of the children, husbands away for long periods, and long cold winters with short sunlight."

"Many doctors here are very liberal in their prescribing and if one does not have a doctor who is so, then one has a friend who has a doctor who is pretty liberal."

Marijuana and cocaine are

readily available in Fairbanks but "for some reason alcohol is still the drug of choice for both old and young people."

Mr Lal in his programs has brought in a number of people who have studied anthropology to be alcohol counsellors.

"They have been very valuable in identifying the cultural attitudes, beliefs, and the dynamics in village relationships, and this has put them streets ahead of others."

"Many of them, and others, think that spiritual conversion in the long run may be the answer for much of the native population to give up alcohol."

• Hope for Teslins

THERE'S HOPE FOR TESLINS

Yukon's largest band gets a grip on itself in fight on alcoholism

WHITEHORSE, YT — Whatever the final land claims settlement with Ottawa and the problems produced by the natural gas pipeline from Alaska, if it ever comes through, alcohol is still the number one problem for Natives in the Yukon Territory.

The efforts bands make across the territory to deal with the problem vary from good to awful. At least attempts are made — abuse is just as prevalent in the white community, just more hidden and less publicized.

The Teslin Band, who live along the shores of Teslin Lake near the British Columbia border, is one band that's taking action, including trying to establish a community-run liquor outlet as its sole source of alcohol. Currently, three lodges sell alcohol.

At Old Crow, isolated in the northern part of the territory, the rate of consumption among the Athabascans is extremely high. Unsuccessful attempts have been made to make the community dry.

In Whitehorse, the largest band in the Yukon has hired a trained alcohol counsellor, who is engaged in a range of activity — from trying to move the village, to encouraging local talented artists, to counselling alcoholics.

John Peter, a member of the Teslin Band, with the help of the Yukon Alcohol and Drug Services, this year opened a drop-in centre in the community that is

support the efforts, and determined leadership can make a huge difference.

Mr Peter has active cooperation with the RCMP (Royal Canadian Mounted Police): last Christmas he visited three lodges selling alcohol in Teslin and suggested they stop sales for a week. He was accompanied by the RCMP constable, who acted only in an advisory capacity.

Mr Peter: "The lodges were very good and they did stop sales for a week. The only incident we had was a man wearing only a shirt and pants who ran around the village when it was 40 below."

The village at the moment is split over the possibility of limiting liquor sales in the area to a community owned store. The other major concern is the proposed natural gas pipeline, which would run directly past the village along the Alaska Highway.

"The band is dead set against that pipeline. We don't want it," says Mr Peter.

As part of its services in the territory, the Alcohol and Drug Services this spring took a group of actors to 12 communities and presented a contemporary play about alcohol.

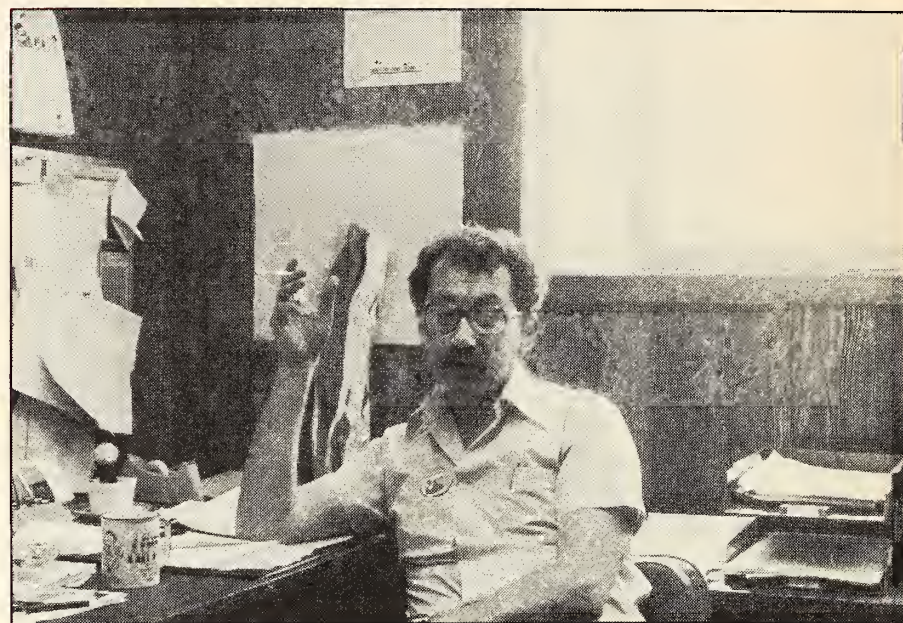
Bob Martel, who this month (Sept) became director of mental health services in the Northwest Territories, was in charge of the venture for the agency. Chris Drew, a local playwright, was the author of the play.

Mr Martel: "It is the story of a small village family comparable to any in the Yukon and what happened in one day with the use and abuse of alcohol. We did an audience feedback kind of thing and found most people said they had learned something new about alcohol, which was encouraging."

The Whitehorse Band is the largest in the Yukon. It numbers about 600 members, and some 350 live on the edge of town. It has enormous alcohol problems and last year hired Val Nefedow, a graduate psychologist, as an alcoholism counsellor.

Mr Nefedow, who moved with his family from Vancouver, notes that the Whitehorse band were nomadic Tlingits who, until the Klondike gold rush, had migrated around the territory and Alaska using Whitehorse as a summer camp ground. The band then stayed in Whitehorse.

The band was moved to its present location — between an industrial truck park and the sewage pond — 19 years ago



Nefedow: training programs will cut alcohol abuse in Teslin Band.

from the centre of town following a small-pox outbreak. Over the next three years it will move across the Yukon River into houses it is constructing on 720 acres of Crow land.

The real problems, says Mr Nefedow, are "welfare and alcohol."

"You will find a small percentage working in heavy labor jobs, with heavy machinery, very few working in the mines, and a small percentage cutting wood."

"Our alcohol problem is enormous. You can start with our old people, from 86 years old, down to six children we have between the ages of six and 10 years who have alcohol problems. Whole families drink and there is much neglect."

"Money from welfare is used to buy cheap sherry produced in the Okanagan Valley in BC, and some people go through four or five bottles a day. Many of the band spend 90% of their money on alcohol. Some scrounge from garbage cans and just don't eat. Unfortunately, traditional food is almost unheard of in this band, although it would be fairly easy to get moose and beaver if they wanted."

"We look on this as a long-term project. When the teenagers and adults get jobs they are very good at them and the alcohol problems go right down to nil. They are good workers, want to work, and are especially good at things like carpentry. The problem is that nobody wants to train them."

"We are trying to institute a training program as part of building the new village."

Mr Nefedow is working hard to bring back as much of the Tlingit culture as possible "and helping them realize they are Indian people and have nothing to be ashamed of. They have to regain a sense of pride first of all. They are naturally close to spiritual ideas and have the concept of Mother Earth and Father Sky."

Mr Nefedow knows he was looked on as an oddity when he joined the band but they

soon learned he respected their ways.

"They have also accepted the fact I'm a hard person in many ways, but that I am honest. I will not have the wool pulled over my eyes. If someone is on probation, for example, they know if they go too far I will get them arrested, or if I find someone contributing to alcohol use by a juvenile I will get them arrested."

"I find the single mothers often drink a lot. If they give me their word — and this is very sacred to Indians — they will stop drinking, and if they do drink behind my back, they know I will take their kids away until they can pull themselves together. It is the very last threat, but they know I would do it."

He is encouraging several young artists to develop their talent and hopes eventually to get together enough work to show across Canada. He also wants to get a cottage industry going with production of traditional crafts such as making moccasins and beadwork.

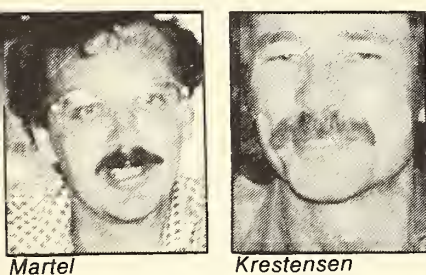
When the new village is completed the elders will be cared for, and it is hoped hunting and fishing will be revived. "I think my dreams are realistic because the people want to do it."

There are already signs of success: he is often told by members of the RCMP that they don't see so many members of the band drunk on the street. "This is the largest band in the Yukon. I feel that if this band can get it together, economically and socially, then all the bands in the Yukon can do it."

Mr Nefedow feels that in some ways the Indians have been pampered, and for the wrong reasons.

"We took their livelihood and culture and now have welfare to death. We have to cut off welfare as much as possible. There is also the problem of discrimination in Whitehorse and elsewhere against Indians."

"This band is going through a lot of growing pains, but the people are enthusiastic, and that is the main thing."



Martel

Krestensen

slowly gaining acceptance.

"Our big problem," says Mr Peter, "is with the young fellows who hire out as big game guides in the summer to outfitters from Vancouver. They are away three or four months and come back with a lot of money. When they return to the band there is a lot of drinking among them."

Many of the guides are given expensive equipment at the end of the season and some eventually sell it to get cash for alcohol.

Teslin is lucky — the chief and elders

BARROW

(from page 7)

"I am not trying to sound condescending, but they can't handle their alcohol; their role models, were the whalers and they have not learned judicious use of alcohol. They have lived a subsistence existence in the past where when you had something you use it and consume it."

"As an Eskimo, when you capture a whale you don't just let it lie there, you cut it up and distribute the meat to everyone. And when you get a quart of alcohol you don't just have two or three mixed drinks and put the bottle away, you use it up and it is always shared."

"I have Eskimo friends who have come by my apartment and seen a couple of six-packs of beers and wine I have brought up and

they are amazed the bottles are unopened. 'Why don't you drink it?' is the typical question."

Barrow officially is dry; alcohol cannot be sold legally. But it can be imported for personal consumption. And every other week or so a shipment from Anchorage or Fairbanks receives extra special priority, as it is called, when unloaded from regular passenger flights. Bootleggers sell Calvert, the universal drink of the North, for \$40 a bottle. Some make about \$20,000 a month.

Mr Krajir says everybody knows who the bootleggers are, including public safety officials, and it's accepted there will be no convictions as the jury is made up of peers.

Mr Krajir, like others working

in the Yukon and Alaska, finds the Inupiat frightened of increasing use of other drugs.

"They know what alcohol can do, but they are really frightened about hard drugs. I'm told by officials that while there are only three places to buy cigarettes in Barrow, there are 11 different sources where one can buy cocaine or marijuana."

Mr Krajir tries to publicize his program as much as possible. He puts pamphlets on alcohol abuse in the Top of the World Hotel, the only one in Barrow and where a single room is \$116 a night, on the tables in the three local restaurants, and in his Friendship House. Every week there are public lectures on alcohol and

related problems.

There is one area alcohol never invades — the hunt in the spring and fall in the 18-foot seal skin umiaq for the whale. Barrow Inupiat are allowed 10 "strikes" or harpoonings a year (if the whale goes under the ice and is lost it is called a 'sinker,' but it's still a strike).

The whale is central to Eskimo culture: they believe the whale allows itself to be killed for the community and, in return, the people show respect for the whale.

Mr Krajir: "Alcohol would never be consumed during a whale hunt — it would be absolutely sacrilegious. Any Eskimo can go to a whale camp on the ice and share in the division of meat whether he took part in the hunt or

not. The favorite part is *maktak* (muck-tuck), an inch or so of skin and six inches of blubber. They eat it raw or boiled. I find it tastes like cheap cuts of pressure cook beef. And boiled intestines are also tasty. But whale meat fermented in its own juices — that's something else again."

Although the climate is harsh there are compensations in nature: a colony of seals on the ice floes, tiny plants blooming on the endless tundra.

Mr Krajir, when he lived in Monterey, used to watch the sunset every day. "And when the sun sets here I go and watch because I know there is no one higher in the North American continent than me watching the sun go down."

Samuel Johnson: sometimes abstemious, always intemperate

By Frederick B. Glaser

1984 will soon be upon us. Already a celebrated year because of George Orwell's novel, it will no doubt be the occasion of agonizing reappraisals as to whether Western civilization has achieved the predicted level of irrationality. There is some irony, then, in the fact that 1984 will also mark the bicentennial of the death of a supreme exponent of rationality and common sense. Dr Samuel Johnson (1709-1784) was a poet, a critic, a biographer, and the compiler of the most celebrated and exhaustive dictionary of the English language up to his time. While his genuine accomplishments were considerable, he is best known as an extraordinary and unforgettable human being, the subject of that pre-eminent biography, *The Life of Samuel Johnson, LL.D.*, by James Boswell. After Shakespeare, Johnson is the most eminent and most studied figure in English literature.

Boswell's biography, while endlessly fascinating, is lengthy. Nevertheless, if one were to begin it now, it could be readily digested by 1984. Highly recommended as a general tonic to the irrationality portrayed by Orwell, it will also serve to inject a corrective of common sense into mainstream thinking about a multitude of specific human problems. Among these is the use of alcohol and other drugs. While one would certainly not read either Boswell or Johnson himself with the sole view of enlightening oneself on this particular subject, there is much that is relevant in the material. This is not due to any special focus on Johnson's part, but is a natural result of the universality of his interests and the close integration of various substances into the daily life of the eighteenth century.

Johnson had ample opportunity to make pertinent observations. Beyond the general concerns of his time about alcohol (qv the famous works of his contemporary and acquaintance, William Hogarth), many of those close to him had difficulties with substance abuse. This included his biographer and friend, the "clubbable" Boswell, his wife Elisabeth, his relative and admired role-model Cornelius Ford, and perhaps his younger brother Nathaniel. But Johnson need have gone no further than himself to draw upon an extensive experience with alcohol, opium, and other substances. During some periods of his life he drank heavily. He was in constant difficulty with his physical health, from the tuberculosis with which his wet-nurse unwittingly infected him at birth to the "dropsy" which carried him off; as a result, he was frequently provided with opium by his physicians. That he was able to deal with alcohol and opium quite successfully (without, of course, any formal treatment) is a testimony both to the enormous strength of his character and to the reality of spontaneous remission.

Nor were alcohol and opium the only substances with abuse potential that came within the scope of his personal experience. He was, for example, a voracious and prodigious eater. "Some people," said he, "have a foolish way of not minding, or pretending not to mind, what they eat. For my part I mind my belly very studiously, and very carefully; for I look upon it, that he who does not mind his belly, will hardly mind any thing else." It is no minor testimonial that Boswell, whose experience of the world was unusually broad, commented that he had never known "any man who relished good eating more than he did." Boswell's conclusion about Johnson's consummatory behavior is reminiscent of contemporary discussions about the goals of treatment for substance abuse: "... it must be owned that Johnson, though he could be rigidly abstemious, was not a temperate man either in eating or drinking. He could refrain, but he could not use moderately. He told me that he had fasted two days

without inconvenience, and that he had never been hungry but once. Those who beheld with wonder how much he eat upon all occasions, when his dinner was to his taste, could not easily conceive what he must have meant by hunger"

Cigarettes were not in use for more than a century after Johnson's death, but pipes were often smoked. Johnson observed that "Smoking has gone out. To

subject was principally devoted to alcohol and opium. His observations require little comment, and some few will simply be noted below. Some caution should be exercised in taking Johnson's views expressed in conversation as reflecting his actual beliefs; "exulting in his intellectual strength and dexterity," Boswell notes, "he could, when he pleased, be the greatest sophist that ever contended in the lists of declamation;

pose men in general to be liars. But, Sir, I would not keep company with a fellow, who lyes as long as he is sober, and whom you must make drunk before you can get a word of truth out of him."

We discussed the question, whether drinking improved conversation and benevolence. Sir Joshua maintained, it did. JOHNSON: "No, Sir: before dinner, men meet with great inequality of understanding; and those who are conscious of their inferiority, have the modesty not to talk. When they have drunk wine, every man feels himself happy, and loses that modesty, and grows impudent and vociferous: but he is not improved: he is only not sensible of his defects."

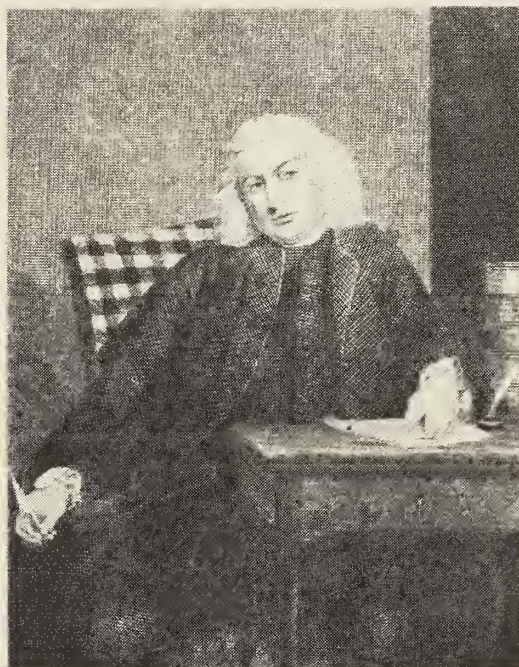
I mentioned his scale of liquors; — claret for boys, — port for men, — brandy for heroes. "Then (said Mr. Burke) let me have claret: I love to be a boy; to have the careless gaiety of boyish days. JOHNSON: I should drink claret, too, if it would give me that; but it does not: it neither makes boys men, nor men boys. You'll be drowned by it, before it has any effect upon you."

On Sunday, March 23 (1783) I breakfasted with Dr. Johnson, who seemed much relieved, having taken opium the night before. He however protested against it, as a remedy that should be given with the utmost reluctance, and only in extreme necessity. I mentioned how commonly it was used in Turkey, and that therefore it could not be so pernicious as he apprehended. He grew warm, and said, "Turks take opium, and Christians take opium; but Russell, in his account of Aleppo, tells us, that it is as disgraceful in Turkey to take too much opium, as it is with us to get drunk. Sir, it is amazing how things are exaggerated."

Johnson, with that native fortitude, which, amidst all his bodily distress and mental sufferings, never forsook him, asked Dr. Brocklesby, as a man in whom he had confidence, to tell him plainly whether he could recover. "Give me (said he) a direct answer." The Doctor having first asked him if he could bear the whole truth, which way soever it might lead, and being answered that he could, declared that, in his opinion, he could not recover without a miracle. "Then (said Johnson), I will take no more physick, not even my opiates: for I have prayed that I may render up my soul to GOD unclouded." In this resolution he persevered, and, at the same time, used only the weakest kinds of sustenance. Being pressed by Mr. Windham to take a somewhat more generous nourishment, lest too low a diet should have the very effect which he dreaded, by debilitating his mind, he said, "I will take anything but inebriating sustenance."

Notions of dying one's own death, and of the use of drugs in terminal circumstances, are thus not exclusively modern. Perhaps these few examples will act as an encouragement to the further exploration of Boswell's conclusion that Johnson's excellence consisted in "the art of thinking, the art of using his mind; a certain continual power of seizing the useful substance of all that he knew, and exhibiting it in a clear and forceful manner..." And when one (regretfully) lays down the great biography, completed in ample time for the Johnson bicentennial, one may also concur with its final statement: "Such was SAMUEL JOHNSON, a man whose talents, acquirements, and virtues, were so extraordinary, that the more his character is considered, the more he will be regarded by the present age, and by posterity, with admiration and reverence."

Frederick B. Glaser is head of psychiatry and health care development services at the Addiction Research Foundation of Ontario.



SAMUEL JOHNSON

From the Original Picture

The Biography of James Boswell

Published first by J. & J. Johnson

be sure, it is a shocking thing — blowing smoke out of our mouths into other people's mouths, eyes, and noses, and having the same thing done to us. Yet I cannot account why a thing that requires so little exertion and yet preserves the mind from total vacuity, should have gone out. Every man has something by which he calms himself: beating his feet or so." Caffeine was of more central significance to him. Some of his contemporaries thought the drinking of tea a grave peril; witness Jonas Hanway's *An Essay on Tea: Considered as Pernicious to Health, obstructing Industry, and Impoverishing the Nation*. Chiding Hanway in his review, Johnson announced proudly that he was "a hardened and shameless tea-drinker, who has, for twenty years, diluted his meals with only the infusion of this fascinating plant; whose kettle has scarcely time to cool; who with tea amuses the evening, with tea solaces the midnight, and, with tea, welcomes the morning."

But the attention Johnson gave to this

and, from a spirit of contradiction, and a delight in shewing his powers, he would often maintain the wrong side with equal warmth and ingenuity.... Right side or wrong side, Johnson is always worth listening to. So much could not be said for many men now gone 200 years.

In Boswell's words: He said few people had intellectual resources sufficient to forego the pleasures of wine. They could not otherwise contrive how to fill the interval between dinner and supper.

Desirous of calling Johnson forth to talk, and exercise his wit, though I should myself be the object of it, I resolutely ventured to undertake the defense of convivial indulgence in wine, though he was not tonight in the most genial humour. After urging the common plausible topics, I at last had recourse to the maxim, *in vino veritas*; a man who is well warmed with wine will speak truth. JOHNSON: "Why, Sir, that may be an argument for drinking, if you sup-

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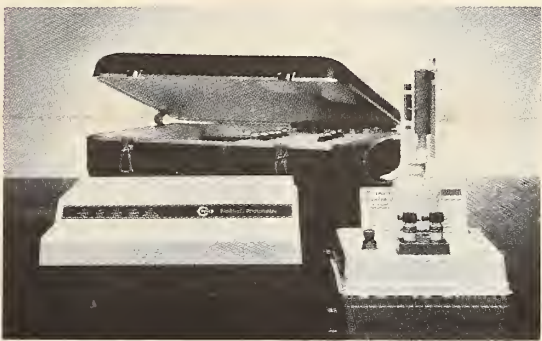
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DEPARTMENT

New Books by RON HALL

Quantitative Explorations In Drug Abuse Policy

... by Irving Leveson

Selections in this text deal with problems in the area of epidemiology and social cost, prevention, deterrence, education, treatment, employment, and supportive services. For the most part, the studies apply to heroin abuse. The first four chapters consider aspects of the measurement of addiction and its social costs, and include estimates of costs of drug abuse in the criminal justice system, addiction programs, medical care, and lost productivity. Three chapters deal with various aspects of the determinants of the quantity of drug abuse and the number of abusers, and the concluding three chapters are concerned with the effectiveness of education, treatment, and supportive service programs. The final chapter provides a summary of the evaluation of a program intended to provide employment for former drug abusers, together with treatment and other services. It was found that the benefits do exceed the costs, but not dramatically, and it was difficult to identify those who would have done well without supported employment. The study also found that there were benefits in reduced public assistance payments, and that female former abusers had greater problems in finding and holding jobs than males.

(Spectrum Publications, Inc., 175-20 Wexford Terrace, Jamaica, NY 11432. 1980. 209p. \$35.00.)

Shattering Female Sex Role Stereotypes

This booklet is a collection of reprinted articles dealing with sex role awareness, mental health, depression, alcohol and other drug use, psychological issues, and violence. It was created to sensitize people to these issues and to

stimulate discussions. The booklet includes an annotated reading list, and a wide range of suggested readings to supplement the sections.

(Wisconsin Clearinghouse, 1954 East Washington Avenue, Madison, WI 53704. 1980. 40p. \$4.35.)

GC/MS Assays For Abused Drugs In Body Fluids

... by Rodger L. Foltz, Allison F.

Fentiman, Jr., and Ruth B. Foltz

This monograph (National Institute on Drug Abuse Research Monograph Series 32) presents a collection of methods for the quantitative analysis of several important drugs of abuse by the technique of gas chromatography-mass spectrometry (GC/MS). The material is arranged in textbook fashion, by chapters on specific drugs, to assist researchers in setting up GC/MS assay procedures in their own laboratories. Each of the techniques described

has been field tested by one or more independent laboratories in order to optimize both the procedure itself and the clarity of its presentation. Chapters are devoted to phencyclidine, methaqualone, methadone, tetrahydrocannabinol, cocaine, morphine, diazepam, amphetamine, methamphetamine, 2,5-dimethoxy-4-methylamphetamine (DOM), and mescaline.

(National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857. 1980. 212p.)

Projections

The following selected evaluations of audio-visual materials have been made by the Audio Visual Assessment Group of the Addiction Research Foundation of Ontario. The ratings are based on a six point scale. For further information, contact the coordinator of the group, at (416) 595-6150.

Details: 19 min; 16mm; black and white.
Synopsis: The film begins with a satiric look at smoking in which three men from another planet are puzzled by the widespread use of the "breathing stick" among people on the planet earth. The film gives a point of view which is sharply divergent from that usually presented by smokers or advertisers. Some of the statistics regarding death and disease among smokers clearly indicate that smoking is a health hazard. It is suggested that individuals must determine the care and concern which they have for their own lives

and thus decide whether or not to smoke.
General Evaluation: Good (3.9). This film has a clear message, is informative, entertaining, and a good teaching aid. It may produce attitudes opposed to smoking. The message and the approach employed in the film still have validity and appeal, even though some aspects of the film are dated (eg statistics, style).
Recommended Use: Likely to benefit audiences between the ages of eight and 15.

Point of View

Number: 459
Subject Heading: Smoking.

Health & Lifestyle

Number: 461
Subject Heading: Lifestyle; Alcohol and Alcoholism; Attitudes and Values; Smoking.
Details: 28 min; 16mm/super-8/video-cassette; color.
Synopsis: Having defined "health" not simply as a lack of disease, but as long-term, overall mental and physical well-being, the film suggests basic changes in lifestyle patterns that are instrumental in achieving this state. Considering the most common diseases there is a clear indication that many can be prevented by avoiding known risk factors: lack of exercise, stress and habits on which we become dependent such as smoking, drinking, and overeating. The processes whereby these factors can be detrimental to health are illustrated with constructive ways in which they can be modified.
General Evaluation: Very Good — Excellent (5.7). This contemporary, well-produced, and informative film has a clear message and is a good teaching aid. It offers very practical suggestions and may influence viewers toward a more positive approach to health.
Recommended Use: Likely to benefit any audience 12 years of age or older.



Psychotropic Substances and Their International Control

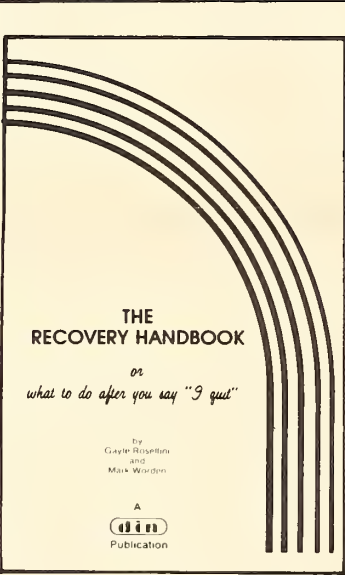
Many of the world's nations have been reluctant to ratify the Convention on Psychotropic Substances (1971), a treaty which seeks to control the production, marketing, and export of dependence-producing psychotropics.

Consequently, the Addiction Research Foundation, in association with the World Health Organization and the International Council on Alcohol and Addiction, convened a meeting of international experts in September 1980 to examine the problems and benefits of the treaty, the surrounding issues, and some solutions.

This book includes the background papers prepared for the meeting and a report of the proceedings. ARF is publishing it for the benefit of governments, international organizations, and individuals interested in improving the international drug control system.

230 pages \$22.95

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DUI Demonstration Program Film Series

Number: 452.
Subject Heading: Impaired Driving.
Details: Series of five films; 7-15 mins. each; 16mm; color.
Synopsis: The five films in the series are entitled (1) Impairment; (2) Alcohol, The Brain and Behavior; (3) Alcohol and The Driving Task; (4) Alcohol Tolerance; (5) Alcohol and Drug Interaction.
General Evaluation: Fair-Good (3.4). This series of films is contemporary and informative with a clear message. It may produce attitudes opposed to drinking and driving. It received moderate ratings in all other categories. Some reviewers felt that without the printed support material, treatment of the topic was superficial.
Recommended Use: For audiences 15 years of age or older.

DEPARTMENT

Coming Events

Canada

Detox Training Program (Non-medical) — Sept 21-25, Nov 9-13, Toronto, Ontario. Information: Gord Gooding, Detox and Rehab Programs, Addiction Research Foundation, 33 Russell St, Toronto, Ont M5S 2S1.

41st Annual Conference of the American Medical Writers Association (AMWA) — Sept 22-26, Toronto, Ontario. Information: American Medical Writers Association, 5272 River Rd, Suite 370, Bethesda, MD 20016.

A Critical View of Halfway Houses: St. Leonard's Society's Annual Conference — Sept 24-25, Windsor, Ontario. Information: L.A. Drouillard, St Leonard's Society of Canada, Ste 3, 1787 Walker Road, Windsor, Ont N8W 3P2.

Input 81 4th Biennial Canadian Conference on Employee Assistance Program and Alcohol and Addiction Problems in the Workplace — Oct 4-8, Ottawa, Ontario. Information: Ingrid Norrish, Humber College, 205 Humber College Blvd, Rexdale, Ont M9W 5L7.

The Canadian Mental Health Association 63rd National Annual Conference — Oct 15-17, Chatham, Ontario. Information: The Canadian Mental Health Association, 2160 Yonge Street, Toronto, Ont M4S 2Z3.

Addictions 81: Perspectives on Research, Treatment and Education — Oct 28-30, Ottawa, Ontario. Information: Alcohol and Drug Services, Royal Ottawa Hospital, 1145 Carling Avenue, Ottawa, Ont.

Life Stress/Work Stress Symposium — Oct 28-30, Toronto, Ont. Information: Life Stress/Work Stress Symposium, Clarke Institute of Psychiatry, 250 College Street, Toronto, Ont M5T 1R8.

United States

Chemical Dependency and Family Intimacy Training Project — Sept 14-16, Oct 28-30, Minneapolis, Minnesota. Information: Eli Coleman, PhD, Chemical Dependency and Family Intimacy Training Project, Program in Human Sexuality, 2630 University Avenue SE, Minneapolis, MN 55414.

Alcohol/Drug Dependency and Mental Illness — Sept 21-22, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Intervention Skill Development Workshop — Sept 21-25, Minneapolis, Minnesota. Information: JoAnne Terry, Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, MN 55441.

Family Program for Professionals — Sept 22-25, Center City, Minnesota. Information: Marilyn Brissett, Continuing Education, Box 11, Center City, MN 55012.

Introduction to Counseling — Sept 24 — Dec 10, Los Angeles, California. Information: Health Sciences, UCLA Extension, PO Box 24901, Los Angeles, CA 90024.

Control Issues in Alcohol Abuse Prevention: Local, State and National Designs for the 80s — Sept 27-29, Charleston, South Carolina. Information: SC Commission on Alcohol and Drug Abuse, 3700 Forest Drive, Columbia, SC 29204.

Medical Conference on Alcoholism and Drug Abuse — Oct 17-18,

Mackinac Island, Michigan. Information: Diane Vella, Michigan Alcohol and Addiction Association, 23450 Middlebelt, Farmington Hills, MI 48024.

14th Annual MAAA Fall Conference — Oct 18-20, Mackinac Island, Michigan. Information: Diane Vella, Michigan Alcohol and Addiction Association, 23450 Middlebelt, Farmington Hills, MI 48024.

Evaluating Alcohol and Drug Programs: Current Methods and Findings — Oct 28-30, Bloomington, Minnesota. Information: Hazelden Foundation, Conference Planning Committee, Evaluation and Research, Box 11, Center City, MN 55012.

Northeast Conference on Addictions — Oct 30-Nov 3, Boston, Massachusetts. Information: Gary Seidler, US Journal, 2119-A Hollywood Blvd, Hollywood, FL 33020.

1981 Postgraduate Course in Clinical Pharmacology, Drug Development and Regulation — Nov 9-13, Rochester, New York. Information: William M. Wardell, Pharmacology and Toxicology, The University of Rochester, Medical Center, 601 Elmwood Avenue, Rochester NY 14642.

Counseling for Family Recovery — Nov 13-14, Des Plaines, Illinois. Information: Alcoholism Systems Associations, PO Box 184, Hazel Crest, IL 60429.

1981 NYS Health Educators Conference — Nov 13-15, Rochester, New York. Information: Bruce S. Baumgarten, Monroe Developmental Center, Education and Training Department, 620 Westfall Rd, Rochester, NY 14620.

Tenth ALMACA Annual Meeting — Nov 17-21, San Diego, California. Information: The Association of Labor-Management Administrators and Consultants on Alcoholism, Inc, 1800 North Kent Street, # 907, Arlington, VA 22209.

Grand Canyon International Conference on Treatment of Addictive Behaviors — Nov 17-21. Information: William R. Miller, Program Chair, Grand Canyon Conference, The University of New Mexico, Albuquerque, NM 87131.

3rd Annual Training Institute on Addictions — Nov 29-Dec 4, Hollywood-By-The-Sea, Florida. Information: US Journal, 2119-A Hollywood Blvd, Hollywood, FL 33020.

Sixth Southeastern Conference On Alcohol and Drug Abuse — Dec 2-6, Atlanta, Georgia. Information: Pat Fields, Registrar, Charter Medical Corporation, Addictive Disease Division, 5780 Peachtree Dunwoody Rd, Suite 170, Atlanta, GA 30342.

Abroad

Sixth Southeastern Conference on Apeutic Communities — Nov 15-20, Manila, Philippines. Information: Peter Vamos, Executive Director, The Portage Program for Drug Dependencies Inc, 3418 Drummond Street, Montreal, PQ H3G 1Y1.

12th International Institute on the Prevention and Treatment of Drug Dependence — March, 1982, Bangkok, Thailand. Information: International Council on Alcohol and Addictions, Case postale 140, CH-1001, Lausanne, Switzerland.

ALC 82, International Conference on Alcoholism — Mar 30-Apr 4, 1982, Oxford, England. Information: Dr Philip Golding, Broadway Lodge, Oldmixon Road, Weston-super-Mare, BS24 9NN, Avon, England.

13th Collegium Internationale Neuro-Psychopharmacologicum Congress — June 20-25, 1982, Jerusalem, Israel. Information: Secretariat, 13th CINP Congress, POB 29784, Tel Aviv, Israel.

28th International Institute on the Prevention and Treatment of Alcoholism — July 5-9, 1982, Munich, Fed Rep of Germany. Information: International Council on Alcohol and Addictions, Case postale 140, CH-1001, Lausanne, Switzerland.

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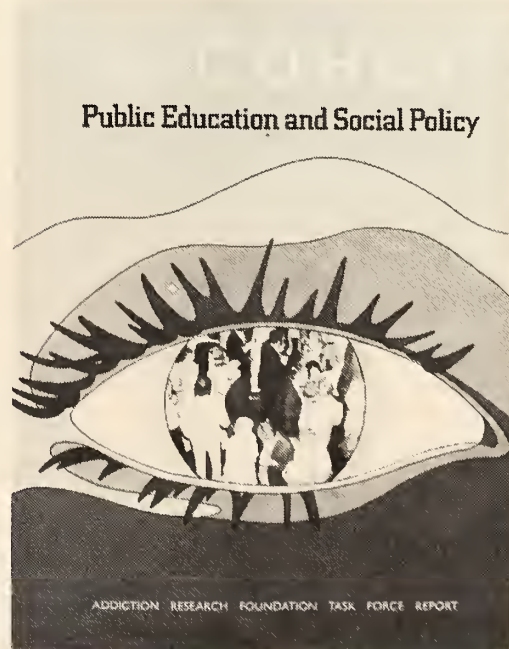
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A retrospective on compulsory treatment

Altman, wiser now, looks back

By Tim Padmore

VANCOUVER — The first time I talked to Jack Altman, he exuded optimism and determination.

He had just been appointed director of British Columbia's fledgling heroin treatment program. He arrived at a peak of controversy over aspects of the plan that allowed drug addicts who had committed no crime to be committed to treatment for six month periods.

The plan could work, would work, and he would help to make it work.

Since that day two-and-a-half years ago, the program has suffered a rocky course.

The BC Civil Liberties Association helped a methadone addict challenge the enabling legislation in the provincial Supreme Court. The Heroin Treatment Act was struck down, then later upheld by the Appeal Court. The case is now being taken to the Supreme Court of Canada.

After the first court decision, the provincial government seemed to lose its taste for compulsory treatment. The commitment procedure had never actually been implemented, and indications were now that it never would, no matter how the various appeals went.

There was a change of health minister. Bob McClelland, who introduced the plan and stuck with it at considerable political cost, was replaced by Rafe Mair, whose more opportunistic style lent itself to a shift in policy.

The program was soaking up millions of dollars to treat only a handful of addicts.

And more credence was being given to arguments that narcotics addiction was not as serious a problem as had been argued, and that other forms of drug abuse were more serious.

The cuts started. Staff resigned or were fired. Bert Hoskin, chairman of the Alcohol and Drug Commission (ADC), which administered the heroin program, and the controversial author of the original scheme, stormed into retirement.

Early this year, Mr Altman himself quit.

Today, he is the senior psychologist for the Vancouver health department, in charge of staff development.

Meanwhile, another province, Prince Edward Island, is moving to set up a compulsory addiction treatment plan. (See page 5.)

The PEI plan was the first thing I asked him about in our interview.

"I had to chuckle when I read that," he said.

Mr Altman has lately been studying compulsory programs for drug addiction. His studies, including his own poignant personal experience, have led him to an unequivocal conclusion.

"I think it would be very difficult, if not impossible, to implement a compulsory treatment system within North American society, or any society with a long history of democratic traditions."

In his study, which will form a chapter in a forthcoming book on drug addiction edited by William McGlothlin and M. Douglas Anglin of University of California at Los Angeles, he looked at compulsory programs instituted in BC, California, New York, Singapore, Japan, and other jurisdictions.

"It's absolutely amazing how similar the process is politically and publicly, although there is a clear dichotomy between the results of the North American

and Far East programs."

In the initial fervor, the emphasis is on punishment, "doing something about these addicts who are ruining our society." Later, as the idea gains momentum, more attention is paid to treatment and rehabilitation.

Despite that softening, there are, in the North American context, inevitable debilitating court entanglements.

"Our own Act I never thought to be particularly Draconian. (The PEI legislation appears to be significantly more severe.) But even if the Supreme Court finds it to be constitutional, it would be tied up in court for years more with challenges to other parts of it. That's pretty well what happened in the United States."

The Far East programs have been more successful, he said, mainly because of public tolerance of limitations on freedom. They have also influenced his opinions on treatment styles.

"Singapore has one of the most successful programs. Public pressure for compulsory treatment came from an economic factor. Singapore is really a kind of corporate state. The addiction rate had reached 2% to 3% of the population and many people feared that losing that high a percentage to a life of nonproductivity was too much to bear."

Under the Singapore plan, police could stop a person and demand a urine specimen. If the urine was positive, the putative addict was in for six months, with the only appeal a recheck of the urine result.

The treatment was simple. Inmates were up at dawn and put to work, expected to pay for their keep. The keep was spartan but healthful.

"There really was a substantial reduction in opiate abuse. Getting up, working, eating — that seems to be almost as successful, or perhaps more successful, than our own approach. If I were asked, I might say there is more going for that approach, even in our own society. We get so involved in trying to solve every little problem for someone and we lose sight of the forest for the trees."

When Mr Altman came to Vancouver, however, he concentrated on setting up a program based on conventional North American therapies: behavior therapy, stress management, and so on.

"We decided to get on with setting up



Players in a play that bombed: Robert McClelland (left), Bert Hoskin (above left), and Rafe Mair.

what we thought would be an effective drug abuse program. We didn't spend much time looking at (the compulsory) route of entry."

But a painful reality intruded, and from an unexpected direction.

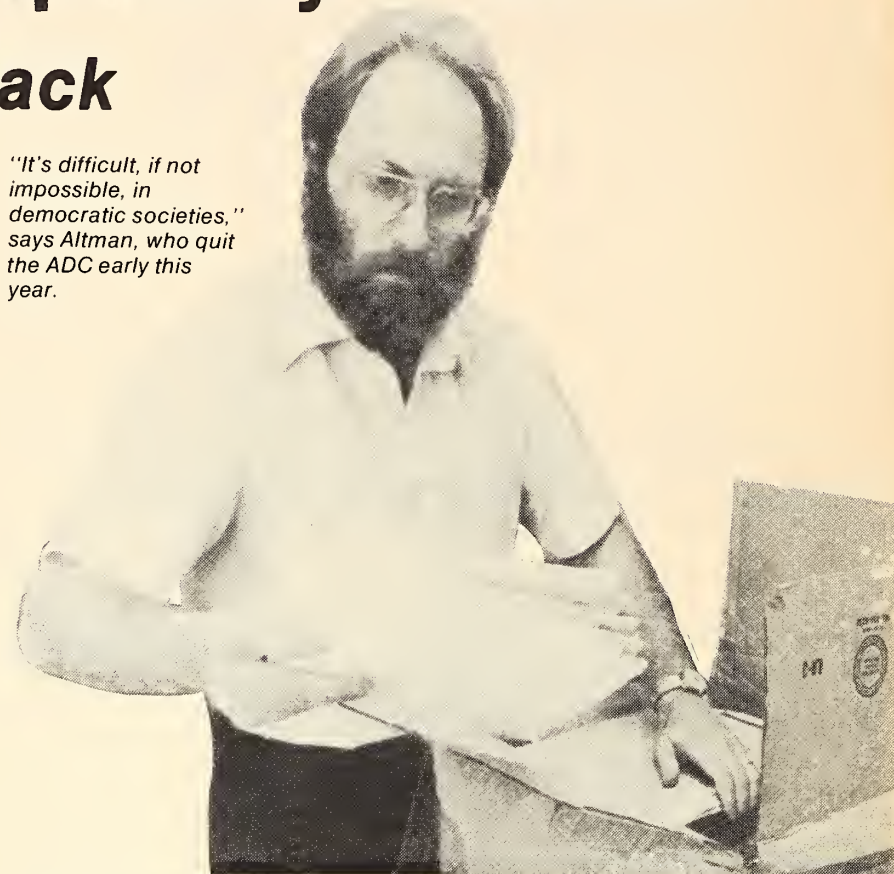
The political flak was being shed by the politicians, and by the commission. The deepest wounds came from inside.

"For one thing," he said, "we were the rich kids on the block."

With the addition of the massive heroin program, the ADC suddenly doubled its budget and quadrupled its size. Those responsible for existing drug abuse programs, particularly alcoholism programs, felt dwarfed and threatened.

"There was a real feeling, at best of tolerance and at worst of resentment and subversion."

"It's difficult, if not impossible, in democratic societies," says Altman, who quit the ADC early this year.



Subversion? "For example, in some of these areas (served by the new heroin clinics), there might be a funded agency. They might have a two or three month waiting list for people coming in for drug abuse. We could have accepted a lot of their clients with a minimum waiting time."

But most of the agencies, "paranoid about our presence in the community," wouldn't refer the patients. (The heroin program did, however, accept many non-heroin clients who came to it directly, until latterly half its clients were abusers of non-narcotic drugs.)

The other arms of the commission also felt threatened, he said, by the heroin program's emphasis on "accountability." Clients, and staff, were to be carefully supervised to monitor their performance.

All this might not have mattered, Mr Altman said, if the commissioners, headed by chairman Bert Hoskin, had done their job.

"If you're the commission, and you're responsible for alcohol and drugs, it's your responsibility to see that those two sides begin to coordinate and cooperate as much as possible."

The commission had a golden opportunity, with the vastly increased resources available to it, to set up a comprehensive drug abuse program in the province. The way to go about it, he said, was to merge the responsibilities of the competing sides. Instead, the two sides were allowed to remain separate and hostile.

"It's called effective use of people, management, and it just didn't happen."

Of course such a merger would have meant an admission that the heroin problem wasn't as serious as had been argued, which probably would have been a distasteful admission for Mr Hoskin and Mr McClelland.

Still, said Mr Altman, the commission should have pushed for it. The course they did choose flattered away support. Because of that choice, the heroin plan couldn't produce enough clients and enough cures. "Each succeeding year found another cut until now they have lost, I think, two thirds or three quarters of the staff and budgeting they started with."

Recently, he said, the commission has moved to blend the resources of the heroin program with those of other programs.

But, Mr Altman said, it is too late to restore the lost funding and, in his opinion, the commission is making another error by cutting back on the "accountability" he tried to insist on.

For example, the commission has eased urinalysis requirements and is studying re-introduction of methadone maintenance as a standard therapy.

"The major disadvantage to methadone

maintenance is that it produces an incredibly lazy staff. You wind up with counsellors who, despite their best intentions, end up with only methadone maintenance clients, and they spend most of their time in sessions arguing about things like, Should the dose of methadone be changed up or down? or Is the methadone being abused?"

Mr Altman said he resigned over the issue of accountability and because he feared that administrative flabbiness would lead to still more budget cuts.

He said he was pleased with the program he and his staff developed, and particularly proud of the residential treatment centre at Brannan Lake on Vancouver Island, which now has been closed down.

After a rocky start, with complaints from clients and the nearby community of Nanaimo, its first director was fired and the programs restructured. Mr Altman said average residence time went from less than a month to 3½ months and that clients were being discharged in good psychological and physical shape.

Unfortunately, he admitted, some of the outpatient clinics they went to for follow-up therapy were not as well organized, and clients sometimes fell back into drug abuse.

It is a tragedy, he said, that Brannan Lake, the only such treatment facility in the west, has been lost.

The only problem with the facility itself, he said, was an economic one. Was it worth it to spend \$2 million a year to treat a maximum of 75 drug abusers?

Mr Altman was at home babysitting his young children the afternoon I talked with him. Sleepy cries signalled the end of their afternoon nap, and the end of interview.

But before I left, I asked him again his opinion today about compulsory treatment of drug abuse.

"For things which are effective, for example the compulsory treatment of people with the plague, you're going to find, despite the civil rights argument, fairly good public support."

"But when you're advocating compulsory treatment for a problem — I hesitate to say disease — that can't be as clearly or as effectively handled as an epidemic, then I think public support is going to be far less."

"If all I can say is that, at best, the treatment will be effective for 30% to 40% of the people coming in, and more likely 20%, then you have to pay a little more attention to the other components."

"At the beginning I was willing to give it a shot. Now, just adding the legal problems to the problem of giving effective treatment makes it very, very hard."

THE
BACK
PAGE

The Journal

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Alcohol, other drugs, & you #1

SPECIAL INSIDE:
The first in an important new series of supplements to *The Journal* designed and developed especially for young people, teachers, other youth workers, and parents.
Kids and Teachers will include a practical, easy-to-use lesson plan each month for teachers and, for young people, cartoons, crossword-puzzles, advice columns, students interviews, and more. Watch for Kids and Teachers each month from now until March, 1982.

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Feds, provs launch joint war on alcohol

By Pat Ohlendorf

OTTAWA — Canada's federal and provincial governments are beginning a united attack on alcohol abuse.

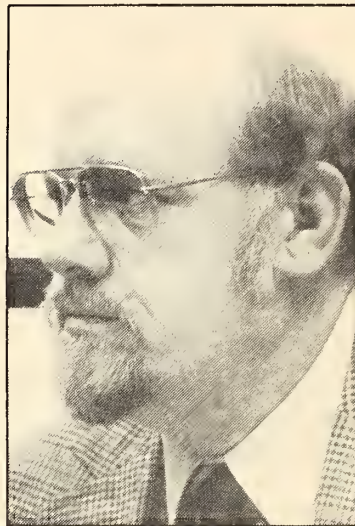
Next week, a federal-provincial committee of Health and Welfare will discuss the recommendations of a task group on alcohol and youth. It will be a first step on the road to educational programs specifically for young people about the hazards of alcohol abuse.

"Our ideal would be a very cohesive, country-wide strategy that would serve as a collective national reference," Ron Draper, head of the health promotion directorate of Health and Welfare, told *The Journal*.

A more realistic expectation, he added, is probably "varying degrees of commitment and joint action" among the provinces, if for no other reason than some of the money for new programs will come from Ottawa and some from provincial coffers.

"Our present concern with alcohol and young people does not indicate there are no federal programs in this area now," said Mr Draper, citing the government's media campaign, Dialogue on Drinking, which is aimed at teenagers. "We simply wish to look further into the future and to get more consensus and collective action."

Government's decision to move on alcohol is backed by recent



Draper (left), Schankula (right): Ideally, a country-wide strategy — realistically, varying degrees of commitment.

statements by the Canadian Medical Association. (See below.) Declaring alcohol "the greatest public health problem in Canada," the CMA in August recommended a federal royal commission be set up to study the health and social consequences of alcohol abuse, and that television advertising of alcohol be banned.

The government's report does not go this far yet.

"Our recommendations are still at a fairly general, conceptual, and strategic level," Henry Schankula, the Addiction Research Foundation's head of educational resources and chairman of the government's task group, told *The Journal*.

"Once the federal-provincial committee responds to them, we will get into working on specific activities various levels of government might undertake."

The report as it stands maps out areas where programs are needed.

It recommends, for example, a "generic model" of alcohol education which could be applied across Canada from kindergarten through high school. Teacher training should include skills in alcohol prevention programs, and broader training programs are needed for parents, pregnant women, politicians, law officers, and people involved with the sale of alcohol.

Communities should strive for

"alternatives to adolescent drinking," and guidelines should be made up for community leaders on how to manage "alcohol-free recreational events."

In industry, employers and labor organizations should consider young workers as "a specific industrial category," and develop education programs for them.

Many recommendations concern the mass media, especially television, which, the report observes, "significantly influences the young." The federal government should continue programs such as Dialogue on Drinking; the "exaggerated use of alcohol" should be avoided in entertainment programs; commercial health education programming should be increased; more news coverage should be given to the effects of "hazardous levels of alcohol use by young people;" alcohol should not be portrayed as a necessary part of a pleasurable lifestyle; the media should carry the same

(see - Feds - page 2)

CMA wants royal commission on alcohol

MDs hit 'most potent killer'

By Betty Lou Lee

HALIFAX — Labelling alcoholism as the major public health problem in Canada, the Canadian Medical Association (CMA) is calling for a royal commission to study it, and a ban on alcohol advertising in the electronic media.

William Ghent, professor of surgery at Queen's University, Kingston, and chairman of the CMA council on health care that made the recommendations,

termed it the "first such assault by the CMA" on "one of the most potent killers" in the country.

While some delegates to the CMA general council, its parliament, reacted with "not another royal commission," Dr Ghent said there is now no forum for the study and documentation of the present situation. "A commission's already been paid for by the taxes on booze the government has collected for the past 40 years."

While there has been little

reaction to the call for a royal commission, opposition to a ban on TV commercials came quickly. Brewery industry spokesmen said generally there was no evidence such commercials convinced people to begin drinking, or to drink more, rather than just to switch brands.

Ontario's minister of consumer and commercial relations, Gordon Walker, said an outright ban was out of the question. The govern-

(see - CMA - page 2)

Sports doc claims young athletes 'doped'

LONDON — Some talented young British school children unknowingly are being given drugs by their coaches to improve their athletic performances in top-level competitions.

This is claimed by David Cowan, assistant director of the drug testing centre at Chelsea College, part of the University of London. The centre is financed by the government-supported Sports Council.

Dr Cowan emphasized the incidents have not occurred at school competitions, but involved promising school athletes performing at regional and national levels.

He wrote in the September issue of *Sports and Leisure*, published by the Sports Council,

of a 13-year-old boy who was given a stimulant injection by his coach under the guise it was a cure for a painful muscle.

The boy ran well enough to win a prize and enhance the reputation of the coach. But neither the boy nor his parents knew at the time what was going on.

Dr Cowan said: "This sort of thing is insidious. The boy's parents knew nothing about it, and people may argue it is an isolated case. But there are many other examples."

The coaches are the people to blame, in his opinion. Dr Cowan added: "It is wrong to say we are losing the fight against drugs in sports

but there are so many tricks to avoid detection.

"We're not trying to catch people out. We are trying to protect them. Cigarette packages carry a warning about possible health damage, but drugs of what we call intermediate harmfulness do not."

He said many drugs used to cure injuries are being misused to achieve success in competition.

Dr Cowan said athletes are becoming even more adept at concealing their drug taking. Cases have been found of athletes switching urine samples, or filling sample bottles with other fluids.

INSIDE

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NEWS

Briefly...

TEST MATCH

LONDON — Pub crawlers are onto a new concoction — "Revive," whose claim to fame is beating the breath test for alcohol. In a "non-medical experiment" in a London pub, writes Fergus Cashin in the medical newspaper *Doctor*, he and several other journalists were given four free whiskies. Those who also drank Revive (a mixture of fructose, dextrose, sucrose, lime juice, fruit acid, and flavorings) passed the test, but those who stuck with Scotch failed. "We want to see Revive in the pubs. We want to see a bottle in every car," said David Haines, promoter of the potion. Whether it also beats the blood test is not known.

EX ADDICTS EX JOBS

NEW YORK — Unless the city can cough up some cash to offset recent cuts in federal grants, 76 ex-addicts and former prison inmates lose the first jobs they ever had, and facelifts to many of New York's tenement houses and municipal buildings will cease. The men, hired by Wildcat Service Corporation under a \$810,000 federal grant, have painted the offices of the mayor, the district attorney, and city council, as well as 2000 apartments in abandoned tenement houses (six months ahead of schedule). "Didn't nobody else want to do it," one of the workers told the *New York Sunday Times*. Wildcat is appealing to New York's general services department to continue the project.

SUABLE ENTITY

TORONTO — An Ontario Supreme Court judge has ruled the provincial government can be sued for its liquor pricing policies. Restaurant owner Johnathan King of St Catharines had claimed it was "illegal" for the Liquor Control Board of Ontario to have higher mark-ups on imported brands than on local ones. It was in contravention of the General Agreement on Tariffs and Trade (GATT), he said. The Board applied to the Supreme Court to declare it could not be sued, the GATT was not law in Canada or Ontario, and the constitutionality of the GATT should be determined in court before Mr King's lawsuit was allowed. Mr Justice Allen Linden rejected all three bids, declaring the Liquor Control Board a "suable entity."

POT RECEPTORS

RICHMOND, VA — The brain may produce its own THC (the active component in marijuana) or a very similar substance, says a researcher at the Medical College of Virginia. In preliminary data on rats, Louis Harris has found receptors for THC in the neural cell membranes. "Why would the brain make specific binding sites for some strange substance in a plant?" asks Dr Harris in *Discover* magazine. Just as the observation of cell receptors for opiates led to the discovery of endorphins (the brain's own happy juice), so, Dr Harris believes, may his observation point to another naturally occurring mood-shifting chemical.

US field to face more cuts in '82

WASHINGTON — Federal funds of \$491 million earmarked as block grants for the states beginning in 1982 for alcohol, drug abuse, and mental health services may now come under attack from President Reagan's administration in the United States.

Shift pot in laws, MDs say

Betty Lou Lee

HALIFAX — Canada's doctors believe that all past criminal records for simple possession of marijuana should be erased, and that control of the drug should be placed under the Food and Drug Act, rather than the Narcotics Act.

At the same time, the Canadian Medical Association maintains its position that marijuana use "is injurious to the general health and well-being of the public."

William Ghent of Kingston, Ont., chairman of the CMA council on health care which made the recommendations to the annual meeting, said "it is obvious that the present laws and their enforcement haven't changed the drug picture in Canada."

Last year there were 65,000 marijuana-related arrests, 50,000 of them for simple possession.

Dr Ghent noted that the federal government promised to remove the drug from the Narcotics Act in 1969, and is still making that promise.

His council's report noted new pressure groups have emerged in Canada and the United States in the past year, suggesting that simple possession penalties be retained.

"In fact, some suggest even harsher penalties for this offence in the assumption this will control use of the drug.

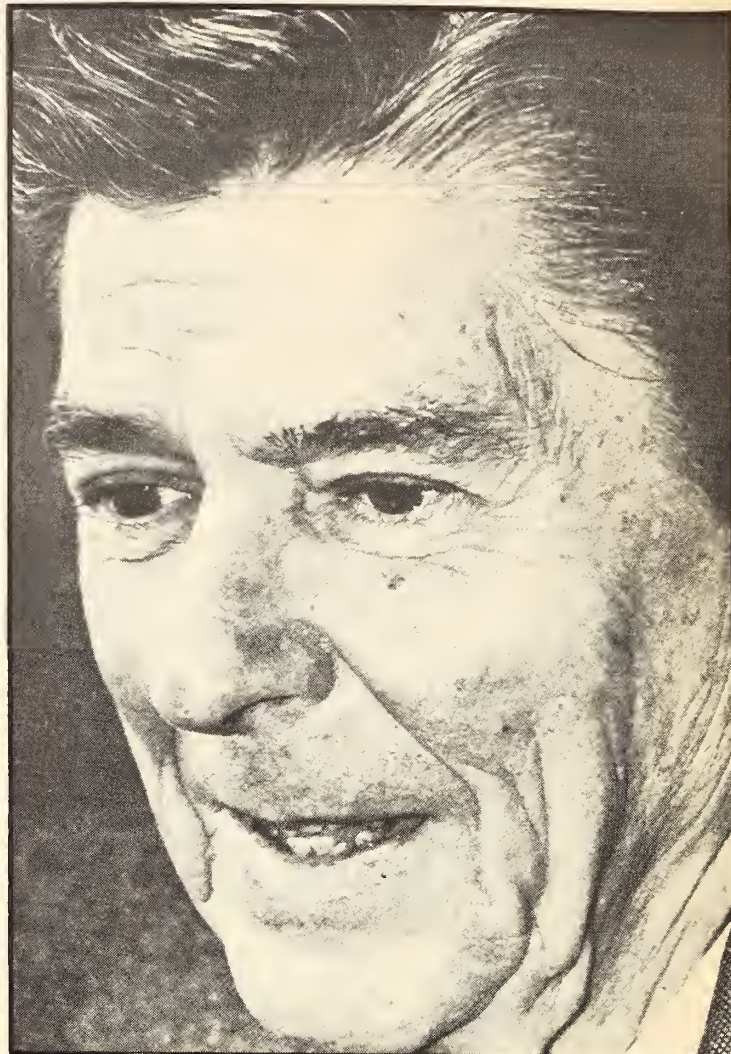
"This is contrary to the history of hard drug use and its control . . . It must be stated firmly that the CMA disapproves of cannabis usage, except in controlled medical practice for the relief of side effects of chemotherapy (for cancer)."

The block grant total for states was approved in the budget cutting "reconciliation" bill passed in August. However, there are renewed noises from the White House that more must be pared in 1982, and defence spending and social services programs may be the main target.

Under the block grant bill, the states must use 35% of the funds they acquire for alcohol programs and 35% for drug abuse. The rest of the money may be split as the state sees fit. States will also be allowed to shift up to 7% of their alcohol, drug abuse and mental health block grants into other block grant areas. Or, they may transfer up to 7% of the funds out of other areas into the alcohol, drug abuse, and mental health grant.

Although congress has agreed on the figures, it has to pass appropriation bills. Because congress had no chance to make the deadline, a continuing resolution, which would provide money to keep the government going, was inevitable.

The "reconciliation" bill has authorized \$30 million in 1982 for the National Institute on Alcohol Abuse and Alcoholism and National Institute on Drug Abuse for demonstration projects to be administered on the federal level.



Reagan: more must be pared from defence, as well as from social services.

Feds, provinces unite on alcohol

(from page 1)

messages to youth across Canada; and information on alcohol aimed at young people must be "factual, scientific, and honest."

When will flesh-and-blood programs evolve out of these recommendations?

"I expect about a year down the road," Mr Draper told *The Journal*. "Remember, this is government, and these things don't go at the speed of lightning."

Indeed, next week, the Schankula report must begin to wend its way through a labyrinth of government committee rooms. Mr Schankula's "task group" reports to a sub-committee on alcohol and drugs. Which reports to an advisory

committee on health promotion and lifestyles, chaired by Mr Draper. Which reports to the conference of (provincial) deputy ministers of health, scheduled to meet this winter.

How much money is the government prepared to spend? Mr Draper says it's too early to tell.

"That depends upon what specific recommendations the task group will make," he said, and also on how much each province is willing and able to spend.

Alcohol and youth is not the only area in which Health and Welfare is beginning to move.

Mr Draper's advisory committee on health promotion and life-

styles is also studying smoking, mental health, safety among children, infant and maternal nutrition, and better ways to educate children in the general field of health.

Members of the task group on alcohol and youth include: Henry Schankula (Chair), Ontario's Addiction Research Foundation; Ken Matsune, minister of health, Vancouver, BC; Wayne Smith, department of social services, St John's Nfld; Wilf Totten, Alberta Alcoholism and Drug Abuse Commission, Edmonton; Gina Atkinson, Alcoholism & Drug Dependency Commission, Fredericton, NB; and Don Ogston, Health Promotion Branch, Ottawa.

CMA wants ad ban on 'potent killer'

(from page 1)

ment would want to be sure there's a problem before banning lifestyle beer ads from TV, he said, and would study the CMA's resolution.

Some delegates to the CMA meeting suggested print ads be banned as well, but others argued it was television that had the most impact on young people.

As Dr M.W. Hogan of St John's, Newfoundland put it: "My six-year-old daughter doesn't show me the pretty picture of Schenley Reserve in Maclean's magazine, but she goes around the house singing, 'Me and the Boys and Our 50'" (from a beer ad on TV).

A report he prepared for the council on health care estimated a total ban on advertising would affect the jobs of 100,000 people in Ontario alone.

Dr L.J. Genesove of Willowdale, Ont., said: "It's in the electronic media that the seduction of the young takes place. They watch

happy, happy people a few years older than they, pulling out their six-, 12- or 24-packs from the car, boat, or gondola, and showing how virile they are . . . they are telling new drinkers it's good, fun, healthy, strong, acceptable, 'in', part of the game."

The general council stopped short of passing a recommendation calling for labelling of alcoholic beverages as potentially dangerous "to the physical and emotional health of the user and to the social and economic well-being of those in contact with him or her." But the motion was defeated by a close margin.

"How the hell do you expect to label a glass of draft, or a shot in a dimly lit bar?" asked one doctor. Another pointed out doctors sometimes prescribe alcoholic beverages.

Also rejected was a recommendation from the floor that a blood alcohol level of 0.04% be the

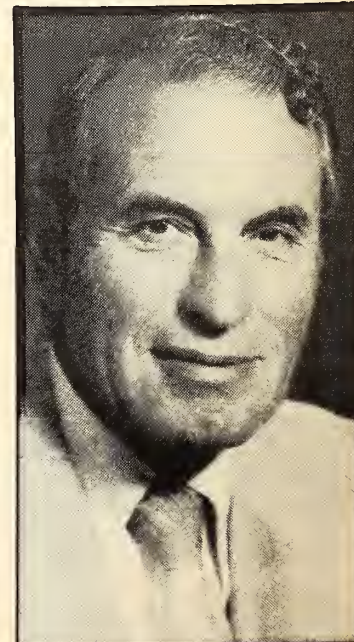
maximum allowable for driving, instead of the present 0.08%. This was referred to the council on health care for more study.

The CMA represents 34,000 of the 43,000 licensed medical doctors in Canada, and it's hoping its stand will create public and political pressure for a greater focus on alcohol problems. But it could also have an impact within the profession itself.

"Use and abuse of alcohol has received little attention from the medical profession," Dr Ghent said. "Yet it's a drug available in multi-dose bottles, without prescription, often without proof of age."

"This socially acceptable lubricant is a psychoactive drug in the same category as barbiturates."

He noted the rate of cirrhosis of the liver has increased 14-fold in the past 10 years, and cirrhosis is now common among males in their 20s and 30s.



William Ghent of CMA

Quaalude now rivals heroin, coke for ODs

WASHINGTON — Overdose deaths and injuries from methaqualone are now rivaling those from heroin and cocaine, reports the United States Drug Enforcement Administration (DEA).

A DEA official said the agency now considers methaqualone (Quaalude) as a public health menace equal to heroin. A DEA drug abuse warning network (DAWN) study in 13 major cities found methaqualone is now the most used illegal drug following marijuana.

A report in the *Journal of the American Medical Association* said record numbers of teenagers are being admitted to emergency rooms, or morgues. The admission rate is particularly high in Texas and Florida, where most of the drug is smuggled into the US.

Much of the methaqualone is manufactured in West Germany and other European countries and sent to Colombia where it is pressed into tablet form.

The DEA official said: "We are gathering an awful lot of intelligences which we are using ourselves or giving to other governments, such as West Germany and Colombia. We are also tracking large organizations which are trafficking in methaqualone exclusively."

A surge in methaqualone use among teenagers began in 1978 and the rate of use has continued to climb. "We are just not sure of the reasons for it," the official added.

Many of the teenagers who have either died or been admitted to emergency rooms have taken methaqualone in conjunction with alcohol. The combination produces a potentiating effect with both drugs.

The size of the problem is reflected in DEA seizures: in 1978 the agency seized 1,400 pounds of methaqualone. By 1980 more than 27,000 pounds had been seized, and by mid-1981 seizures had reached more than 72,000 pounds.



Mayor Barry: fake pot and water sprays

Pneumonia risk higher in smokers

DETROIT — Smokers stand a greater risk of developing pneumonia than non-smokers, it was reported here at the annual meeting of the American Lung Association.

The reason seems to be that the smoker's saliva is altered by cigarette smoke and this increases the adherence of bacterial cells in the respiratory system, according to a report by Dr. A. S. Anantharaman of the University of Rochester General Hospital, Rochester, New York. Bacterial adherence is a necessary step in the development of several diseases, including pneumonia, he explained.

In order to test this effect, Dr. Anantharaman and Drs. A. J. Fedullo and A. J. Swinburne studied 13 non-smokers, 12 smokers with no symptoms, five smokers with chronic obstructive pulmonary disease, and five ex-smokers who had stopped smoking six months to two years before-hand.

Cells from the inside of the cheeks of all subjects were incubated with type 25 pneumococci, and the non-adherent cells were

removed and stained for identification and counting. Bacterial adherence was highest in the smokers, who were rated 10.9; next were subjects with chronic lung disease with 4.0; followed by ex-smokers with 3.9; and finally non-smokers with a 0.6 rate of adherence. All findings were significant at the 0.001 level.

The investigation also revealed that incubating non-smokers' cells in saliva from smokers would increase the adherence of pneumococci tenfold. But incubating their cells in non-smokers' saliva did not increase adherence.

Commenting on the results of the study, Dr. Anantharaman said "Pneumococcal adherence to buccal epithelial cells is increased in healthy cigarette smokers and smokers with chronic obstructive pulmonary disease. Increased adherence persists in ex-smokers for at least two years and may in part be mediated by a non-cellular factor in smokers' saliva. This increased adherence may promote respiratory tract colonization with pneumococcus and explain the increased risk for pneumococcal infection in cigarette smokers."

DC drug war goes unconventional

WASHINGTON — Illegal drug sellers and buyers in the Washington area are constantly being surprised by the actions of District of Columbia police.

Since Mayor Marion Barry's promised crackdown began in late summer, more than 200 traffickers have been arrested and a number of actions have been taken to disrupt trafficking.

Measures include using television cameras and water-spraying trucks to intimidate

prospective buyers, and policemen posing as both buyers and sellers.

Recently, police posed as dealers and sold more than \$1000 worth of fake marijuana to users in an area of the city known as the source of high quality marijuana. Police wanted to tarnish that reputation.

The police "marijuana" consisted of herbs, tea, parsley and celery flakes, mud, birdseed, and vanilla extract. The

authentic looking mixture was packed into 300 "nickel" (\$5) bags.

When four undercover policemen arrived at the selling site several regular dealers recognized them and hastily left the area.

A steady stream of customers drove by and purchased the fake marijuana and almost all the bags were dispensed. During the course of the afternoon several customers returned to complain they had been cheat-

ed, but one flash of a badge was enough to send them off in a squeal of tires.

The ruse worked so well that two United States Park Service police passing by stopped their cruiser and pinned two of the District officers to a wall until they identified themselves.

When, where, and how police will strike next is secret, but officials believe it is the number one topic among buyers and sellers.

Satan sizzles as Sisyphus follows the fashion

By
Wayne
Howell



Now it came to pass that the lord of the underworld was making his annual inspection of his terrible domain. At the third circle he paused to watch with satisfaction as the gluttonous were punished; their torment was to lie in a mire under a continual and heavy storm of hail, snow, and discolored water. He lingered for a moment at the fourth circle to observe the punishment of the prodigal and the avaricious, and proceeded to the seventh circle where he watched those who had committed violence against God, Nature, and Art being tormented by flakes of fire which eternally showered down upon them. And eventually he arrived at the place where Sisyphus performed his terrible labor, ceaselessly rolling a rock to the top of a mountain, whence the stone would fall back of its own weight to the bottom.

On one previous inspection tour it had struck Satan that there was something almost ennobling about the labors of

Sisyphus and he had spoken to him about it.

"At least you have the satisfaction of getting it to the top — if only for a moment," Satan had said.

"Big # @ % & @ # deal," the sweating Sisyphus had replied. That had been the extent of the conversation on that occasion. But now, as Satan approached the domain of Sisyphus, he observed a most remarkable sight. Sisyphus — who at this time of the day should have been at least one-third of the way up the mountain — was just standing casually at the bottom, talking to his stone. Satan was angry.

"Just what do you think you're doing?," he shouted. Sisyphus looked up in surprise.

"This stone is my problem," said Sisyphus, "and I am addressing it."

"Addressing it? By now you should have it half-way to the top."

"Look," said Sisyphus calmly, "I've spent a very productive morning defining the problem and studying its parameters and so forth. Now that I've defined it I am addressing it." Satan was furious.

"That stone is your problem all right and you're supposed to be grappling with it, struggling with it . . ."

"With all due respect Sir," interrupted Sisyphus, "it is no longer the fashion to be on such brutish physical terms with prob-

lems. Problems are now addressed."

"What rot! you have to come to grips with a problem if you're ever going to solve it," fumed Satan.

"You're living in another century," said Sisyphus. "There was a time when it was felt problems could be solved, a time when people actually felt that hunger and war and addiction and whatnot could be solved by men of goodwill with native intelligence. But that was before it was perceived that most of our problems — be they economic, social, or moral — are so complicated and interconnected, so complex and interdependent, have so many 'multifactorial' causes, as the social scientists are wont to say, that it began to seem presumptuous, not to say pointless, to tackle them and wrestle with them. And so the practice of addressing problems was born."

"Social scientists, editorial writers, and politicians now address problems. Personally, I find this practice of addressing problems a very fine practice indeed. Why I can stand here and address this particular rock all day long and I can assure you it beats trying to push it up that hill."

"But you're never going to get that stone up the mountain just by talking," blustered Satan.

"Of course not," said Sisyphus, "but what's the point — the stone is just going

to roll back down again anyway; it never stays up. You solve one problem and you've always got another one, more often than not a problem generated by the initial solving process; you create clean air and then you have the problem of unemployment; you solve the heroin problem and then you've got a methadone problem; you dig deep wells in the Sahel so people can get water for their animals and the animals trample down all the vegetation around the wells and you end up with nothing but sand and starvation. No, addressing problems is the only safe thing in these complicated times. Next to defining problems of course. Defining problems is really the safest of all."

Satan stalked off angrily, and spent the rest of the day and most of the night planning some new fiendish torture for Sisyphus. He thought up a dandy one. He would let Sisyphus continue to define and address his problem according to his custom. And each and every day the rock would grow slightly larger.

Of course, the inevitable happened. One day, when Sisyphus was in the process of defining his problem (the steady enlargement of the stone had caused him no end of definition problems, to the point that on some days he never even got to the addressing stage) it toppled over and crushed him flat.

NEWS

Eight-hour dryout 'dangerously short' for drinking pilots

TORONTO — For airline pilots, the recommended eight-hour drying out period between bottle and throttle is probably dangerously short, investigators at the federal Defence and Civil Institute of Environmental Medicine claim.

They found that, as long as 14 hours after drinking alcohol, pilots may experience visual disorientation because of an uneven distribution of alcohol in their ears' semicircular canals.

When the head is held in certain positions, this state can lead to rapid, jerky oscillations of the eyeballs, a condition known medically as nystagmus.

Pilots, who use reclining seats to alleviate the cardiovascular problems of high altitudes, are particularly at risk, says Ken Money, a physiologist and senior scientist at the institute.

By waiting only the commonly required eight hours between drinks and flight, pilots may jeopardize air safety, he warns.

"We feel this is quite an inadequate standard, a standard that many professional pilots and the Canadian Armed Forces use," he said. "I'd like to see this extended to 24 hours, but that would probably be difficult to enforce."

The Canadian government actually "has no way of enforcing anything," says Murray Naiberg, a regional medical aviation officer for the ministry of transport.

Although it does not carry the clout of law, the Personal Licensing Handbook, part of every pilot's ground school kit, suggests waiting 24 hours between a last drink and takeoff time. However, many

pilots still consider eight hours as the standard waiting time, says Dr Naiberg.

Commercial airlines may set their own requirements. Both Air Canada and CP Air require pilots to wait 12 hours. Even this may not be long enough, says Dr Money.

To study the duration of nystagmus, which may be experienced long after the normally recognized feelings of inebriation, Dr Money and colleagues first tested the results of rapid ingestion of alcohol. Twelve subjects drank, as quickly as possible, one mg/kg of body weight — the equivalent of about two doubles — on an empty stomach. Most completed the task within half an hour.

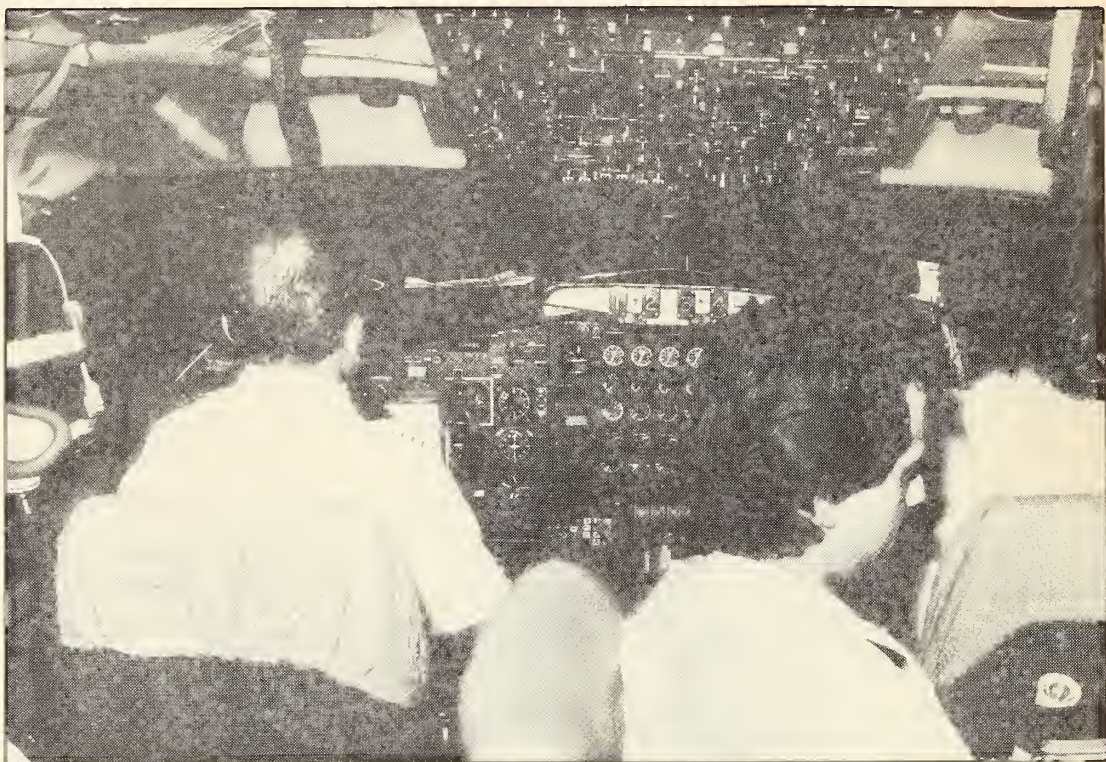
When lying down, five of the 12 experienced rapid oscillations of their eyeballs more than eight hours after their last sip.

The effects of prolonged drinking were examined by having six subjects imbibe one mg/kg body weight and then continue to drink over a four-hour period to maintain the level of alcohol in their blood at about one part per thousand.

More than 11 hours later, after a night's sleep, four subjects still had nystagmus. One subject continued to have oscillations until 14 hours after he had stopped drinking.

The oscillatory reaction is both dose-related and subject to individual metabolic reaction, Dr Money says.

It is caused by the presence of alcohol unevenly distributed in the



Pilots may still experience visual disorientation 14 hours after drinking, say investigators.

semicircular canals of the ear. Because the density of alcohol differs from that of the normal fluid in the canals, the brain receives false information about the angular movement of the head when it is held in certain positions. Nystagmus is a reflex reaction to this misinformation.

For researchers at the institute, determining the duration and cause of these oscillations are

preliminary steps in the study of the effects of alcohol on flying.

"We're getting a flight simulator organized on a vibrating platform," Dr Money says. "We're going to investigate how pilots fly when they are hung over and also how turbulence, combined with alcohol and flight, affect these eye movements. There might be a special effect."

MDs don't want police orders on blood/alc

By Betty Lou Lee

HALIFAX — Canadian doctors want police officers told they may not demand that physicians take blood samples for evidence in Criminal Code offences such as impaired driving.

At the same time, the Canadian Medical Association is on record

as favoring legislation for compulsory blood alcohol tests when breath tests aren't practical.

When a driver is injured in an accident, or claims to be, he or she is taken to an emergency department. By the time he is examined there, it's often too late to take a breath test.

The Saskatchewan and Ontario Medical Associations have complained that some police officers have been demanding that emergency room staff take blood samples for alcohol analysis. Some have even threatened doctors with charges of obstructing justice if they refuse.

At its annual meeting, the CMA

general council voted to notify attorneys-general and police chiefs that police have no such right.

A year ago at the same meeting, the CMA voted in favor of legislation for compulsory tests, although one-third of the delegates opposed the motion.

Migraine victims trapped on drug highwire

By Pat Ohlendorf

TORONTO — Victims of migraine attacks are stuck between a rock and a hard place in regard to pain killers, says Rosemary Dudley, president of Canada's Migraine Foundation.

On the one hand, sufferers who go to hospital emergency units are frequently turned away because staff mistake them for addicts in search of a fix.

On the other hand, people who suffer frequent, severe migraines are at high risk of becoming addicted to analgesics like Demerol, Talwin, Fiorinal, and percodan.

"Recently a warning went out to all hospital emergency units to beware of patients claiming to have whiplash, colitis, bruised tailbone, or migraine," Ms Dudley told *The Journal*, "because addicts have been claiming these conditions to try to get a shot of narcotics."

So when the nurse asks, "What do you want, a shot of Demerol?" Ms Dudley advises the migraine sufferer not to answer "Yes please," but rather, "Whatever you think I should have."

Emergency staff, she continues, should not try analgesics first, but instead a vasoconstrictor to counteract the enlargement of blood vessels which causes the pain of migraine.

But often an attack is too far along to respond to a vasoconstrictor, and analgesics provide the only relief. When an attack continues for many days, or when there are frequent, severe attacks, the risk of addiction increases.

"I can't think of a single 'hard-core' migraine sufferer who hasn't faced the problem of addiction," said Ms Dudley.

She advises migraine sufferers to check with their doctors every six months to have prescriptions changed if a dependency is suspected.

Migraine, according to Ms Dudley, is a medical condition that affects about 20% of the general population.

"It hits one in five people across the board — old and young, male and female, bank managers and prison inmates."

Of that group, 5% to 10% fall into the "hard-core" category, those most likely to become addicted to pain killers and/or to be turned away from hospitals when they desperately need relief.

One of the main efforts of the Migraine Foundation since it began seven years ago has been to identify "triggers" — those things that can set off migraine attacks. Different people have different sets of triggers, and of the more than 127 triggers so far identified (including weather, hormonal



Dudley: identifying triggers

changes, foods such as chocolate and cheese, bright lights, changes in sleeping patterns, and even sexual intercourse), one of the most common ones is alcohol.

"For years we didn't know that alcohol can be a trigger for migraine, and it's a major one," Ms Dudley told *The Journal*.

"Both a migraine attack and alcohol dilate the blood vessels," she said. "So alcohol can not only bring on an attack, but can intensify one that has already started."

"Many people fall into the trap of General Ulysses S. Grant, who suffered severe migraine, didn't

have any medication to handle it, would drink himself insensitive to the pain, and would wake up the next morning with a migraine and a hangover, both of which are vascular headaches."

Although any kind of alcohol can bring on an attack in some sufferers, most often it's the colored ones: beer, red wine, sherry, rum, scotch, rye, and brandy. And since migraine often doesn't surface until age 27 to 35, someone who is a moderate to heavy drinker by that time may not make the connection between the alcohol and the worsening of the attack.

For the most severe type of migraine, "cluster headache," alcohol is the only identified trigger so far. Ninety-one per cent of cluster victims drink alcohol, and 61% are moderate to heavy drinkers, said Ms Dudley.

Cluster attacks, lasting from 10 to 90 minutes, occur at regular time intervals: in some sufferers at the same time each day, in others at intervals of the same number of weeks, months, or even years. Eighty-five per cent of the victims are men, and the condition generally does not appear until age 40 to 50.

"Because a cluster headache peaks within about three seconds, there is no time for a vasoconstrictor to take effect," said Ms Dudley.

"The best method of lessening the pain is to take migraine prophylactic medication daily for a few weeks before the expected attack ... and to stop drinking during that time."

As for marijuana and migraine, despite the United States surgeon general's report indicating marijuana might be helpful in glaucoma, cancer therapy, and migraine, Ms Dudley said: "A case can be made that the frequent use of marijuana can increase the frequency and intensity of migraine attacks."

The Migraine Foundation has received about 40 letters from users which indicate marijuana might be a trigger, she said.

"We've been suggesting to these people that they stop using marijuana for about three months to see if there's any lessening of the attacks."

"We try not to be judgemental. We give the same advice to people who complain of migraine attacks after eating avocados: stay off avocados for a while and see what happens."

Ms Dudley is the author of the book *How to Find Relief from Migraine*, published last month. It is the first self-help book for migraine sufferers written by a migraine sufferer.

NEWS AND COMMENT

Men, not women face worker bias

By Pat Ohlendorf

WASHINGTON DC — Sexism in drug counselling appears to be directed at male, not female addicts, concludes the largest ever study of drug counsellor attitudes. "I was very surprised by the findings," Carole Schor, author of the study, told *The Journal*. "They are counter to previous studies and were also counter to my own opinions when I began. I expected the research to document prejudice against women clients."

The study polled the attitudes of 160 counsellors in 57 centres in the San Francisco Bay Area. Half were men and half were women; 80 (40 male and 40 female) worked in drug-free programs, and 80 in methadone maintenance programs.

By means of a simple description of a typical client, Dr Schor elicited counsellor attitudes about the hypothetical client's chances for success in treatment, using a rating scale for attributes such as motivation, dependency, naivete, personal responsibility, and even "flirting."

The counsellors were unaware the study focused on sex bias, because half of the client profiles described "Jim," and the other half described "Jane."

The results showed male counsellors viewed clients of both sexes more negatively than did female counsellors, and counsellors of both sexes viewed male clients more negatively than female clients.

Attempting to explain the results, Dr Schor suggested to *The Journal* that either "sexism towards women has never existed in drug counselling and previous studies have come to erroneous conclusions" or "sexism may have existed in the early 70s but times have changed." Because her methodology differed from that of previous studies, she added, she may have been measuring "a different dimension of attitude."

(The one other empirical study on this topic, done in the early 70s, surveyed 59 counsellors in two centres in New Jersey, and came to opposite conclusions. Other published material on sexism in drug counselling has been mainly anecdotal.)

Also, added Dr Schor, "the possibility that my results may have been a 'California-ism' can't be ruled out." However, because

she questioned counsellors within a three-hour driving radius of San Francisco, she feels satisfied her population represents a range of political, social, and economic backgrounds.

Although on the surface it appears male clients are at the receiving end of sexist attitudes, Dr Schor acknowledged that latent sexism to women might be present.

"It's possible both male and female counsellors expect more of male clients and tend to excuse female addicts — which would follow from the traditional sex role differences in our society," she said.

In the conclusion of her study Dr Schor wrote: "The counselling situation is in many ways analogous to the family structure, with the counsellor representing the parent who sits in judgement of the client-child's behavior and offers advice."

"The results of the study indicate that male and female counsellors react differently to their role as counsellor-parent. Male counsellors are apparently more likely to perceive the client as a rebellious adolescent engaged in deviant behavior and to assume the societally sanctioned role of a punitive father."

"The female counsellor, in contrast, is apparently more tolerant of social deviance, but perhaps she too is fulfilling traditional sex role expectations. She may view herself as a nurturant mother vis-a-vis the client, and in this role

would be more understanding and accepting of the addicted client, perhaps viewing him or her as a victim of circumstances or deprivation."

The second major finding in the study is that counsellors with less education tend to have more negative attitudes to their clients than do those with higher educational backgrounds. (In general, counsellors in drug-free treatment programs are paraprofessionals, and often ex-addicts, whereas those in methadone maintenance programs tend to have university degrees in psychology.)

"This finding was not surprising to me, but I feel it's unfortunate," Dr Schor told *The Journal*.

She suggests paraprofessionals go through training courses specifically designed to break down stereotypical thinking.

"One effect of higher education seems to be to make a person less likely to think in stereotypes," she

said.

"The bottom line is that, were an androgynous view accepted by everybody, we wouldn't have the problem of sexism in either direction," Dr Schor told *The Journal*.

Dr Schor is a consultant with Booz, Allen and Hamilton Inc, a management consulting firm.

Then who does it best?

Dr Schor's findings are clear on sexism. But who is most successful with clients?

"Evaluation of treatment outcome is such a difficult thing," Dr Schor told *The Journal*. "No one has yet come up with a good measure. If I had had all the time and money in the world, I'd have tried it."

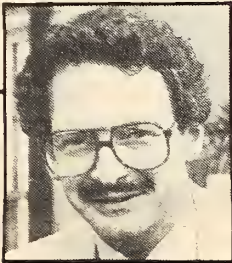
Length of time in treatment, for example, can be interpreted in two opposing ways: "Some people claim that staying a long time in treatment is an indication of success, while others claim the client has become dependent on the program," said Dr Schor.

And long-term follow-up has a major pitfall: "All we have to depend upon two or three years after treatment is self-report."

That a positive attitude to clients leads to better success rates is a widespread assumption. But, as Dr Schor's study indicates, when common assumptions are checked, the results may be surprising.



Schor: she was surprised.



By Richard Gilbert

In July and August this year, I wrote about drinking and driving, and about what might be done to decrease the number of instances of driving following drinking. In passing, I suggested that government could reduce the amount of impaired driving by reducing the amount of drinking that goes on in our society, or by reducing the amount of driving, but that even though both were eminently possible neither action was likely.

Shortly after the first column appeared, I received some mild and justifiable criticism of my glib comment that our roads would be safer if we drank less alcohol. Although my proposition seems intuitively plausible — and certainly true at the extreme, ie, when no alcohol is drunk — I should have noted that the question is, in reality, quite complex.

Complexity

The complexity exists chiefly because many of the available data are counter-intuitive. Correlations of statistics from various jurisdictions have suggested positive relationships between alcohol use and its chronic consequences, including alcoholism and liver cirrhosis, but non-existent or negative relationships between alcohol use and its acute consequences, including public drunkenness and impaired driving.

For example, Robin Room of the University of California examined 1960's data from the 48 contiguous United States and found a strong, positive correlation (+0.80) between alcohol consumption and deaths from cirrhosis, but a moderately strong, negative correlation (-0.42) between consumption and arrests for impaired driving.

Such data have created a widespread belief among students of alcohol abuse that places with high rates of consumption have high rates of chronic and low rates of acute alcohol-caused problems. Conversely, low overall consumption is said to be associated with a low incidence of chronic

problems and a high incidence of acute problems.

Certain comparisons between countries justify these beliefs. If you look at the recent statistics portrayed in the box in the table below, you'll see that France and the Netherlands seem to characterize two types of country. France has high average alcohol consumption, a high death rate from cirrhosis, and a low percentage of drivers who, stopped randomly, are found to have hazardous amounts of alcohol in their blood. The Netherlands is the opposite in each respect.

But now look at the rest of the table. Norway has a much lower average alcohol consumption than the Netherlands but a similar cirrhosis fatality rate, and a remarkably low proportion of impaired drivers.

Also, as you look below the box, you can see that the Netherlands, with by far the highest proportion of impaired drivers, has the lowest fatality rate per billion kilometres driven. France has the highest fatality rate, and this may be related more to the fact that at any one time it seems that half of the drivers in the country have alcohol in their blood, even though fewer than 1 in 50 have hazardous amounts.

Fractures

Data such as these make decent scientists despair. They can also stimulate better ways to describe the universe. A better way of pinning down the relationship between alcohol use and the incidence of acute problems is being sought by four Addiction Research Foundation scientists, Yedy Israel, Hector Orrego, Robert Popham, and Wolfgang Schmidt. They are trying to establish "an index of the magnitude of acute problems that is minimally affected by social norms and attitudes" — to quote from the prospectus of their ongoing project.

The attempt to reduce the influence of social factors is made because the usual measures of the extent of acute alcohol-caused problems — vehicle and other accidents, public drunkenness, murder,

etc — are enormously susceptible to irrelevant variables such as local idiosyncrasies of police practice and the acceptability of alcohol use in a given jurisdiction.

Selected drinking and driving data

	Nether-		
	France	lands	Norway
Alcohol consumption (litres/person/year)	16.8	6.4	3.8
Deaths from cirrhosis (per 100,000)	34.2	4.2	4.6
Impaired drivers (100 mg/ml)	1.8%	7.3%	0.8%
Vehicle fatalities (per 10 ⁶ vehicle-km)	62.0	39.0	40.0
Drinking drivers	52.5%	34.0%	2.8%

The proposed project would use the number of previous fractures in the chest region, as evidenced in routine chest X-ray examinations, as the basic measure of acute problems. The rationale is this: accidents of various kinds are a major consequence of intoxication. Heavy users of alcohol in places where toping is the norm are likely to have more past fractures revealed by X-rays than heavy users in places where tippling is the norm. The number of fractures per heavy user could thus be used as an index of the extent to which toping rather than tippling is the usual manner of drinking alcohol.

Hypothesis

The researchers and their collaborators propose to examine chest X-rays of at least 100 alcoholics in each of 14 countries, and those of a similar number of comparable non-alcoholics. Their hypothesis is contrary to the general belief noted above. They say that the measure of acute problems will be found to vary directly with per capita consumption. A high-consumption country such as France will show more fractures than a low-consumption country such as Norway. Norway may show more fractures per alco-

holic than France — suggesting that toping is more common in Norway — but France has so many more alcoholics than Norway, it will lead in both acute and chronic problems.

If the hypothesis is confirmed, could there be a case for arguing that reducing overall alcohol use would cause an increase in impaired driving, because people might switch from being tipplers to being toppers? (Robin Room once suggested as much.) I think the answer would be clear. Impaired driving would decline if overall consumption were to decline, because it would be one of a constellation of acute problems, represented by the fracture index, that would also decline.

What has happened to the incidence of traffic accidents and impaired driving when alcohol consumption has fallen? Useful data are few and puzzling. A recent example is a study by Ragnar Hauge and Olav Irgens-Jensen of the effects of the 9-week strike against Norwegian liquor stores that began in September, 1978. Police reports of drunkenness fell by 40%, and there were lesser declines in the numbers of domestic disturbances (22%) and acts of violence (15%). But there was no definite drop in road accidents generally or in those that appeared to have been caused by alcohol. How did this happen? The authors suggest that drivers were drawing on home stocks, or drinking more in bars and restaurants. The bums, wife-beaters, and hoodlums, on the other hand, had no such resources.

The problem is that these kinds of data concern temporary declines in overall alcohol consumption. They may have little bearing on what would happen to the incidence of impaired driving if there were a relatively permanent fall in overall alcohol use. I still maintain that the Ontario government could make our roads safer by raising the price of alcohol to Scandinavian levels and thereby reducing the amount of alcohol we drink. I still maintain that it will not happen.

Next month: Smoking research at ARF.

GILBERT
"Useful data are few and puzzling"
Tippling and toping

NEWS

ER staff can spot dependency early

ANN ARBOR, MI — The hospital emergency room (ER) is an ideal setting for making a rapid and accurate diagnosis of psychoactive chemical dependencies, long before they become obvious to others, it was reported here.

Studies have shown that from 30% to 70% of patients going to emergency rooms, depending on geographic location, have primary psychoactive chemical dependencies that are in some ways intimately related to their visits, Michael A. Palmen told a symposium on emergency psychiatry here. Early diagnosis allows earlier intervention and a decrease in repeat visits, said Dr Palmen, director of the Alcohol and Other Dependencies Clinic, University of Michigan Medical Center.

Dr Palmen likened chemical dependency to a set of disc brakes applied to the brain, slowing down intellectual, social, and professional development in a way that can be profoundly disturbing in a short time.

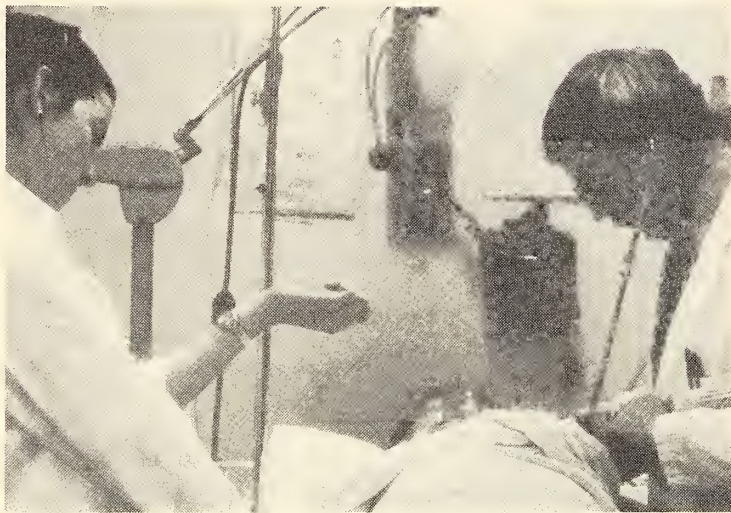
"Many intelligent individuals can tolerate relatively heavy and steady doses of psychoactive drugs and still work or go to school. But along the line, it inhibits their life and development, either mentally or socially or in other ways. Or more subtly, the addict begins to see that he is not living up to his abilities and this begins to erode his self-esteem, although this is not evident to his friends.

"Such people at times are going to visit the ER during an altered state of consciousness for a number of reasons, one of which may be a suicide attempt."

He said there are several keys to diagnosis of chemical dependencies, but in general ER staff should consider the possibility in all patients and watch for subtle manifestations of these diseases. Drug overdose should be suspected in patients who have suicidal thoughts and then, 24 hours later when their acute intoxication wanes, deny any intention of suicide.

Particular attention should be paid to such crisis situations as job loss, demotion, promotion, separation or divorce, loss of significant others, fights, and impulsive crimes, said Dr Palmen.

He also suspects chemical dependency in anyone who has been divorced or who has runaway children, and is suspicious of any



Emergency: many patients have primary psychoactive dependencies in some way related to their visit.

patient who claims his doctor is out of town and requests a written prescription for specific drugs. Usually requests are for benzodiazepines, barbiturates, pro-

poxephens, amphetamines, codeine, percodan, clonidine, or methylphenidate.

A tool that should be available, in every emergency room is a

breath-testing device, he said. It is indispensable for getting a rapid baseline value on alcohol levels to evaluate patients.

Other red flags to possible psychoactive chemical dependencies are chronic sleep disturbance, especially if the patient says he "pops awake" and can't get back to sleep; a history of "anxiety attack" or "panic attack;" chronic pain; and memory impairment. The last, he said, is common after several years of marijuana use. On the other hand, the memory impairment with alcohol use is intermittent.

Calling psychoactive dependencies the great imitators, Dr Palmen urged therapists to err on the side of being oversensitive during diagnosis rather than fail to detect such diseases.

He cautioned therapists to make sure their own personal feelings about psychoactive chemical use do not prevent their making a diagnosis.

Treatment paradox criticized

By Betty Lou Lee

HAMILTON — When Ontario mental institutions had little to offer in addictions programs 30 years ago, it was relatively easy to get addicts committed to them.

Now that various centres have effective programs, changes in the law make it almost impossible to force people into them.

This paradox was criticized by Gordon Bell, director of the Donwood Institute in Toronto, and a Canadian pioneer in treating alcoholism as a disease.

He told the annual Institute on Addiction Studies at McMaster University there were more effective laws to help people 30 years ago than there are now.

"If all else failed then, you could go before a county court judge, in camera, with just the patient, the doctor, and the family present. When the old mental hospitals were all that was available, I can understand the reluctance for committal. But when new facilities emerged, the law was changed to prevent committals."

Dr Bell does not believe alcoholics or other addicts must ask for help before it can be effective, and he sees the success of employee assistance programs (EAPs) as an example of this.

"A significant number can be locked into an alibi system, but an enlightened employer can be one of the best ways to end their manipulation. If he can't manipulate his environment, he has to do something about it. An EAP can deflect him into a treatment situation before serious damage occurs."

Clinical research is 'optimal care' says new chief of ARF institute

By Pat Ohlendorf

TORONTO — Clinical research is simply "providing optimal care," and for most patients counselling is "the most important component of treatment," says Dr E.M. (Ed) Sellers, new director of the Clinical Institute of the Addiction Research Foundation of Ontario (ARF).

Dr Sellers, formerly head of clinical pharmacology and behavioral pharmacotherapy at the Clinical Institute, assumed his new duties on September 1. He replaces Dr Yedy Israel who is now head of biochemical research at the ARF and professor of pharmacology and medicine at University of Toronto.

The Clinical Institute contains 63 beds and provides specialized facilities and treatment programs for patients with alcohol and drug abuse problems. The emergency unit handles acute medical and psychiatric problems and other units provide intermediate and long-term treatments on either an inpatient or outpatient basis.

"The goal in the Clinical Institute is to offer new, innovative,

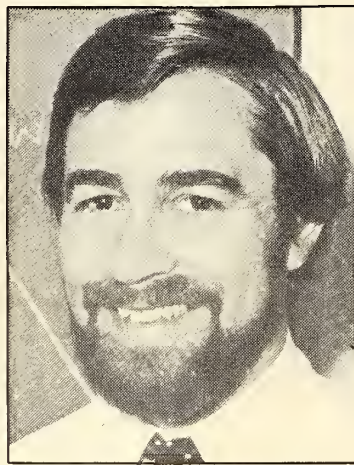
optimal treatments," Dr Sellers told *The Journal*. "That is possible only in the context of treatment research."

Many people, says Dr Sellers, mistakenly believe research is an invasion of patients' rights or interferes with good treatment.

"In fact," he said, "research in the clinical setting is simply the systematic and careful assessment of patients, the systematic and careful application of a treatment — hopefully a new, better, and safer treatment — and finally the systematic and careful evaluation of whether the assessment and treatment actually did anything."

"Drugs can be useful adjuncts in the management of a variety of psychological or psychiatric conditions or behavioral problems," Dr Sellers told *The Journal*. "So it's not surprising that they can be useful in the management of patients with alcohol or drug problems as well."

Yet, Dr Sellers emphasizes, "counselling is probably the most important component of treatment in most patients. The major areas of research and treatment services in the Clinical Institute are clearly non-medical. And that's as it should be."



Sellers: systematic assessment

East ADPA meet expands

WASHINGTON — A number of members of the United States Alcohol and Drug Problems Association of North America (ADPA) outside the Eastern region have indicated they will attend its conference in Washington this month.

Originally, the intention was to hold an Eastern regional meeting here Oct 22 to 25, but because of the current financial turmoil in the field a number of members west of

the Mississippi have said they will attend.

The conference has always been open to the entire membership, pointed out Eric Scharf, newly appointed assistant director of membership services.

"It's hard to tell how many members will finally attend, but a month before the conference we had more than 300 signify that they will be here," he said.

RESEARCH UPDATE/Austin Rand

Morphine in every mother's milk?

Morphine can be purified from both cow's milk and human milk, a research group from North Carolina reports. Testing of the extracted morphine indicated that it was biologically active and identical to morphine derived from opium. Citing previous work which has shown that morphine is present in a variety of common plants, such as hay and lettuce, the researchers speculate that its presence in milk as well suggests that it "may be a common and important dietary constituent," with a role in the everyday functioning of the body. Given that there seems to be "an active concentrating mechanism" in the mammary gland, tiny quantities of morphine may be of particular importance to the well-being of infants.

Methadone & fetal breathing

The breathing of the fetus is markedly depressed in mothers on methadone

maintenance, compared to control mothers, according to a University of Oregon study involving three maintenance subjects and 10 healthy controls. Fetal breathing was measured by ultrasound scanning. Two hours after a daily dose of methadone, the number of breathing movements in fetuses of maintenance mothers was reduced further, widening the disparity between the two groups. The effect of methadone on fetal breathing movements has been unknown until now.

Female mice less sensitive to morphine

Mice show sharp sex difference in responsiveness to morphine, a University of California, Los Angeles, study has found. It has generally been assumed the effects of opiates differ by sex "but very few systematic studies have been reported," the authors say. Male mice showed a dull responsiveness to pain at much lower levels of morphine (mg/kg) than did female mice, and developed

rigidity or catalepsy at much lower levels.

On the other hand, when placed on daily injection, male mice built up tolerance much more rapidly than female mice did. Females required higher mg/kg for any effect, but continued to be morphine-sensitive at those levels.

Prolonged pot use harmless to intellectual function?

Prolonged use of cannabis does not necessarily have any negative consequences for cognitive function, suggests a study of 10 heavy users. The subjects of the study, by a team of University of California, Los Angeles psychiatrists, were all members of a religious group and had been using two to four ounces of ganja-tobacco mixture daily over a mean period of more than seven years. The subjects were aged 25 to 36 years, had an average of 13.5 years of education, and were all Caucasians. Extensive testing with standard measures of neuropsychological and general intellectual function indicated no impairment of any kind. "Language areas

of function, non-language areas of function, memory, complex multi-modal learning, and general level of intellectual functioning were all completely unimpaired compared with standardized-normative information available for each test." All subjects scored in the superior to very superior range of intellectual functioning. The researchers were able to obtain childhood, pre-cannabis-use IQ scores for two of the subjects and found that the present and earlier scores were "virtually identical." The researchers note that the subjects' religion proscribed use of any psychoactive other than cannabis and entailed active engagement in daily work.

Austin Erisalu Rand is a science and medical journalist. He welcomes suggestions for findings that might be described briefly in this column. For references, please contact Research Update, *The Journal*, 33 Russell Street, Toronto, Ontario M5S 2S1.

DRINK : OBFUSCATION, NOT INSPIRATION

By Lynn Payer

NEW YORK — F. Scott Fitzgerald was 30 years old when he started drinking to boost his working spirit. After years of heavy drinking and a series of hospitalizations, he gave it up a year before his death. He complained to his editor that the artistic and commercial failure of his last published novel, *Tender Is the Night*, rested on his having finished the last third under the influence.

Fitzgerald's great drinking buddy, Ring Lardner, said: "No one, ever, wrote anything as well after one drink as he would have done without it."

In fact, of all the writers whose drinking and writing lives have been chronicled in Donald Newlove's book, *Those Drinking Days, Myself and Other Writers*, only one, Malcolm Lowry, believed his genius sprang from drink.

"Despite this," writes Mr Newlove, "his life shows that his only strong work was done while sober, or rather dry."

Newlove himself wrote eight unpublishable books under the influence and published five others after he stopped, including *Sweet Adversity*, a novel about alcoholic Siamese twins. In *Those Drinking Days*, he sets out to destroy the myth that alcohol in any way helps the muse.

"Most good work done on drink is despite drink, not because of it, with drink only adding one more fog between desire and fulfillment," he writes.

Mr Newlove did not always believe this. As a young writer, he reckoned alcohol could help him achieve the "plenty, superfluity, and imagination in excess" that he so wanted to achieve, Baudelaire's artificial paradise.

"We all did," he told *The Journal* in an

interview in his Greenwich Village apartment. "We all thought that alcohol and drugs aided creativity. All musicians thought this. People hadn't started to die early yet."

He sought "gods to steer by," and found that all the United States writers and poets he admired drank as much as he did. "The ones who didn't drink were really boring," he said, "too boring to read."

As an impressionable ninth-grade dropout, he began reading Thomas Wolfe, who had been drinking to become James Joyce, who had died of a perforated duodenal ulcer, the result of drink.

"I began reading Wolfe for his art, his next goat-cry, or extravagant set-piece, just as I read Joyce to experience what language can do out there at its limits. And I ended by searching through biographies of both these geniuses to find some sanction that would allow me to drink as they did. I took all their manias and ulcers as badges of glory, as I did with all my gods, their broken bones, their arrests, their madhouses, the grief of their wives and children. It all came with the package and, especially narcissistic self-absorption, chemically enlarged. All these boozers on their mountaintops wrestling with their genius — what better life can their be?"

"When I would get a biography of a writer, I would first look under the headings alcohol and drinking in the index," he said. "I wanted to know everything about it."

But after years of heavy drinking, chronicled in the first part of his book under the title *Drunkspeare*, Newlove decided alcohol was proving disastrous for his writing as well as for his personal and family life.

Moreover, his systematic analysis of the drinking habits of other writers convinced

him that their best writing had been done either in their 20s, when they were able to metabolize alcohol, during dry periods, or after they had given it up. The following quotations from *Those Drinking Days* give Newlove's judgements on a number of famous writers:

• On Edward Arlington Robinson: "The disease can't take away his very real achievements. It did take away mighty tracts out of what he might have accomplished, it left an immensely shortened shelf of first-rate work."

• On Malcolm Lowry: "A genius — when dry. But after early success he hardly allowed the fog to lift long enough to get his true bearings on his confused novel series *The Voyage that Never Ends*."

• On Jack Kerouac: "When Jack wrote *On the Road*, he could still make energy from alcohol; he was young, his liver not cooked." He nevertheless spent eight years revising the book through several more drafts and with Malcolm Cowley's suggested editorial cuts.

• On John O'Hara: "At 48, an erupting ulcer and swollen liver nearly killed him, and he stopped by himself and stayed stopped for 17 years, not just willingly dry but fully sober. He engaged in wide social activity, was a happy man in a sunburst of the big works he'd been denying himself for years."

• "Eugene O'Neill became unwillingly dry at 38. He stopped by himself on his doctor's advice. He didn't enjoy his recovery. He went right on hugging his theme of 'hopeless hope' and became matchless at tragedy, a master of ironic comedy, and emerged from blurry apprenticeship to write four of the finest plays ever staged."

• "William Faulkner had a writing peak that lasted for about eight years, during his 30s. Something disastrous happened when he turned 40; whatever grip he had on his alcoholism faded, and so did the hot focus of his imagination."

"At the height of their maturity," Newlove wrote in a letter to the *New York Times* book review, "when we might have expected their greatest works, Faulkner gives us the mannered and empty musing of *A Fable*, Hemingway his egocentric failures *Across the River and Into the Trees* and *Islands in the Stream*, and (Robert) Lowell his blurry *History* which no power of revision could make sing."

"When their alcoholic grandiosity relaxed, we were given their more modest and successful works, *The Reivers*, *The Old Man and the Sea*, and *A Moveable Feast* and *Day by Day*."

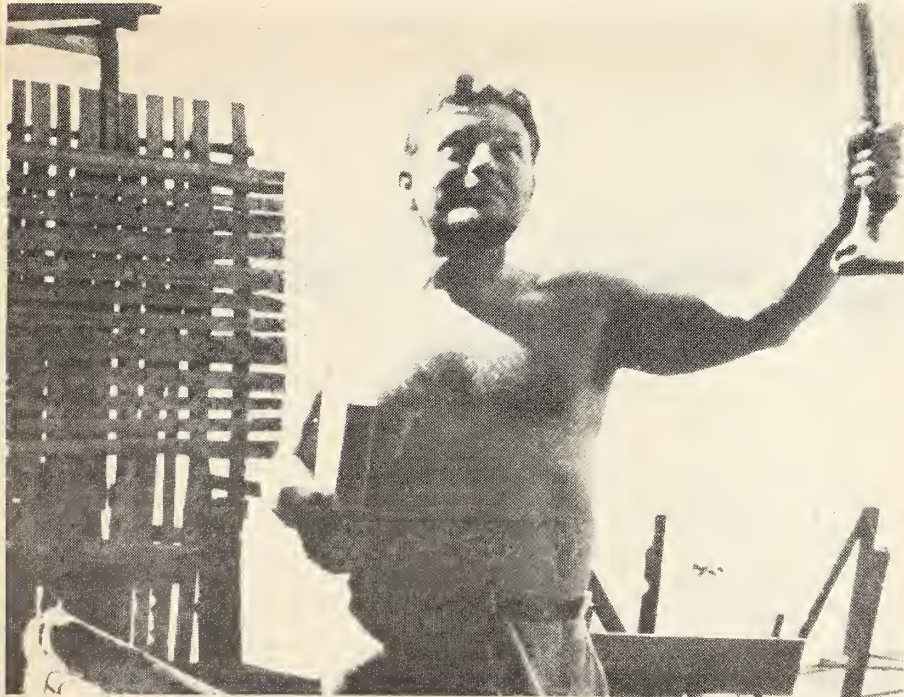
But with so many of our great writers drinking, mustn't alcohol be given some credit?

"What alcohol contributes to writing is alcohol, its effects, its sensations," says Newlove.

"The writer becomes a taxi for alcohol, coming out with things like 'remembers Sinatra-like rainy streets under Neon sign,' 'Septembers of depression,' that sort of



F. Scott Fitzgerald: started drinking to boost his spirit when he was 30.



Malcolm Lowry: after early success he hardly allowed fog to lift.

thing about loss, nostalgia — 'it was a very good year.' It loves the blues."

Newlove concedes one way alcohol might aid writing: "I can imagine taking a drink if you are writing formula fiction. You get so bored with what you're writing that a drink might help you stay awake. But you can't call that writing."

How, then, did the self-perpetuating myth that alcohol aids literature get started?

"I think it goes back to the 1890s," the writer suggests. "People started using alcohol to socialize and to go to night-clubs as a reaction to straight-laced Victorian society. During prohibition, drinking became a mark of individualism, of Emersonian self-reliance."

Writers were therefore attracted to alcohol as a form of social rebellion and, once famous writers became known for their boozing, they glamorized alcohol, even though their best writing was probably done prior to their heavy drinking.

Newlove, whose book is for his fellow writers "who are still out there walking in front of cars" is proclaiming that the emperors have no clothes. "That the greatest writing is made out of loneliness and despair magnified by booze is an idea for arrested adolescents," he writes.

How to deal with the sober alcoholic

Old Bill wants chance to choose sobriety

By Betty Lou Lee

HAMILTON — Good Old Bill. In his drinking heyday, he could be frustrating, infuriating, embarrassing, and obnoxious, but his friends coped. They tied on some dandies with him.

Now that he's sober, they don't know how to handle the situation. Do they hide the booze when he comes to visit? No longer invite him? Insist that no one drink when he's around?

Suggestions for dealing with such questions were proposed during a seminar at the annual Institute for Addiction Studies held at McMaster University. It

was led by Mike Wilson, head of occupational services at the Donwood Institute in Toronto, and a number of recovered alcoholics were among the participants.

"Give me the choice of exercising my sobriety. Ask me what I would prefer to drink, don't automatically put fruit juice in my wine glass," was one woman's approach.

Another man agreed. He resented it at a wedding reception, when, before he had a chance to refuse the champagne, his wife said: "He doesn't drink."

As a rule of thumb, the group suggested sounding out Bill or his wife when planning a social event.

If he's comfortable now not drinking among people who are, serve drinks.

If drinks are normally served at dinner, but not when Bill's invited, he may feel even more uncomfortable because the situation seems phoney, and his situation is being imposed on everyone.

Invitations to events at which drinking is secondary to the social activity, rather than the prime reason for it, were also suggested.

If Bill is being badgered by other guests at a party, who insist "one drink won't hurt," Mr Wilson had some advice. "If the ape or apess insists, take them aside and tell them some facts of life. Straighten

them out with a poker if you have to. It's a cruel thing to do."

When the alcoholic is returning to work after treatment, finding him a "less stressful" job may do more harm than good, Mr Wilson said.

"The best thing is to go back to the same job. He is aware of the stress or strain on the job he had, and after intensive treatment, he knows that stress was exaggerated by the chemical he was taking."

"So the stress should be lower now. But the new job with its stresses and strains are totally unknown to him, and the anxiety this can create can be extreme."

He decried "Antabuse parades"

where the workers must line up to get the drug from a plant nurse, as "the most degrading, dehumanizing thing I can think of. It's like making them wear a sign. The joke around the plant is, 'the drunk parade's pretty big today.'"



Acceptance of the sober alcoholic is better in the community as a whole than at home or the workplace, Mr Wilson said. "The golf club will have you back, and the church choir needs a soprano. But the person has to go back in his own time. It's not a question of 'I'm going to find something for Bill to do every night.' Invite, don't order, and offer four or five times, until he feels like going."

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A monthly report for professionals on developments, issues, and events of national and international significance in the field of alcohol and other drugs.

Editor... Letters to the Editor... Letters to the Editor...

NIDA's ex-chief changes his mind

DuPont denounces pot decrim

From 1974 through 1977, while director of the United States National Institute on Drug Abuse, I supported decriminalization of marijuana, much to my current regret. I am distressed to learn that some decriminalization advocates still quote me in support of their arguments.

Since 1978, I have strongly opposed marijuana decriminalization for three reasons: First, the goals of most decriminalization supporters have been realized — practically no one goes to prison for possession of small quantities of marijuana anywhere in the country. Second, the rapid rise in

levels of use of the drug have been matched by rises in frequent, heavy use, and by declines in the age of use. Today, one in 11 high school seniors smokes an average of 3 1/2 joints every day of his senior year. That is 50% more than drink alcohol daily in that age group. Third, there is growing evidence of harmful health effects of marijuana use.

The new scientific evidence was the most persuasive to me. It included evidence that THC, the drug that produces the marijuana "high," because it is soluble in fat, but not in water, is retained in the body for long periods of time, as is

DDT. Half of the THC is still in the smoker's body three to seven days after smoking a single joint and measurable amounts are present a month later.

The effects on the lungs are also deadly: marijuana smoke contains more tar, carbon monoxide, and known carcinogens than does tobacco smoke. Marijuana disturbs the delicate hormone balance of both men and women. Marijuana's effects on the brain are pervasive, including memory and motivation loss — and they are prolonged even after smoking has stopped. They may be permanent.

What does this add up to? For

me, it means marijuana is the single biggest new health threat in our nation. Twenty-three million current marijuana smokers, four million of them 17 years of age and younger, constitute a massive new epidemic. Support for decriminalization, whatever one may want to think, is seen by users and potential users as giving a green light to marijuana use. That's the wrong signal.

Robert L. DuPont, MD
President
The American Council on Marijuana and Other Psychoactive Drugs, Inc.
New York, NY

**The above letter was sent by the American Council on Marijuana and other Psychoactive Drugs, in the form of a press letter to editors, to clarify Dr DuPont's current position on marijuana decriminalization.*

From: Henry Schankula
Director
Education Resources Division
Addiction Research Foundation
Toronto

This issue of *The Journal* contains the first supplement in an important new series — Kids and Teachers — developed and designed at the Addiction Research Foundation of Ontario.

Each four-page supplement will include a practical, easy-to-use lesson plan for teachers, and supporting material aimed at involving, educating, and entertaining students.

The series will be of special interest to classroom teachers who want to plan ahead. We will be publishing the supplements over at least the next six months and we recommend that teachers get copies for themselves and sets for their classes each month, teaching these first six lessons at their convenience.

Others who will find the series a useful teaching aid are those working with young people in other areas, for example in Girl Guide or Boy Scout groups. We hope parents too will find here some good starting points for discussions at home.

This is an innovative and practical series. We hope it will prove an important and valuable resource for teachers, other youth workers, young people themselves, and their families.

For more details, see page 11.

I KNOW HE BROUGHT
A NOTE FOR SKIPPING
HOMEWORK, BUT
REALLY — FROM
HIS BARTENDER?



'Dubious piety'

It is fair to point out that Senator Jesse Helms of North Carolina, who recently lobbied so successfully for the anti-abortionists, is the very same Jesse Helms who is in effect the chairman of the United States tobacco lobby (*The Journal*, April).

While piously proclaiming himself to be on the side of "pro-lifers" then, he apparently fails to express similar concern for the 1,000,000 Americans who will die each year for the foreseeable future as a result of cigarette smoking.

George F. Lewis
Associate Professor
Department of Anatomy
McMaster University

The Journal welcomes Letters to the Editor. Letters may be sent to the Editor, The Journal, 33 Russell Street, Toronto, Ontario, Canada, M5S 2S1

Kids & teachers



The Journal

THIS IS THE FIRST in a series of SPECIAL SUPPLEMENTS to The Journal, published monthly by the Addiction Research Foundation, for Kids and Teachers. For a subscription to The Journal or more information on the Kids and Teachers supplements, write Marketing, Department LP1, Addiction Research Foundation, 33 Russell Street, Toronto M5S 2S1, Ontario, Canada, or telephone 1-416-595-6056.

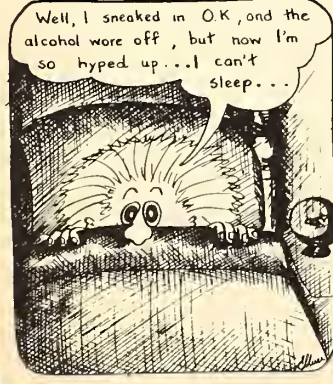
**Alcohol,
other drugs,
& you #1**



YOU ASKED US . . .

Dear Karen,
I'm 16 years old and in grade 11. It seems like a lot of the popular kids at school smoke marijuana. I want to be popular, and they seem to like me, but they're always trying to get me to smoke. What should I do? I'm not sure why, but I really don't want to try it. — **Undecided**

Dear Undecided,
You probably already know you don't have to smoke marijuana to be popular. Your letter indicates people already like you, even



though you don't smoke.
You really don't owe people an explanation or excuse for not using marijuana with them. A clear "No thanks" should be enough. Just look the other person in the eye and say it in friendly but firm tones.
However, if it would make you feel better, you could explain your refusal by saying:

- No thanks, I'm driving.
 - No thanks, I'm off to a team practice.
 - No thanks, I have some studying to do later.
 - No thanks, my girl (boy) friend would kill me if she (he) found out.
 - No thanks, I'm allergic to smoke.
- What you say is important but how you say it is equally so.

Good for you for making a decision on this matter. You may find others will follow your actions if they see you're successful in resisting friends' pressure.



Is there something you want to know about drugs? Karen Girling answers a lot of questions from students and teachers in her job as information specialist at the Addiction Research Foundation. Why not ask her? Write Karen, c/o Kids and Teachers, The Journal, Addiction Research Foundation, 33 Russell St., Toronto, M5S 2S1 Ontario, Canada. Names will be withheld.

Dear Karen,
I took a driver education course at school. The instructor talked about drinking and driving laws, and how blood tests can send you to jail. He went over it really fast, and the classes are over. Could you explain this to me? My father drinks and drives. — **New Driver**
Dear New Driver,
In Ontario, there are three drink-

- king/driving offences —
- 1) driving while impaired
 - 2) driving with a blood alcohol level above 0.08%
 - 3) failing to provide a breath sample

Impairment of your physical and judgement abilities can occur with a blood alcohol level (BAL) of 0.04%. This level means you have 40 mg of absolute alcohol per 100 ml of blood in your body. It can be reached in less than one hour by a 150-pound man who consumes two standard drinks (one beer, one-and-a-half ounces of liquor, or five ounces of wine).

The less experience a person has with either drinking or driving, the less alcohol it takes to impair driving ability. Females, who tend to be smaller than males, would reach a higher BAL with the same amount of alcohol, and thus be even more impaired. The rule of thumb for a 150-pound man is to drink no more than one drink per hour if you're planning

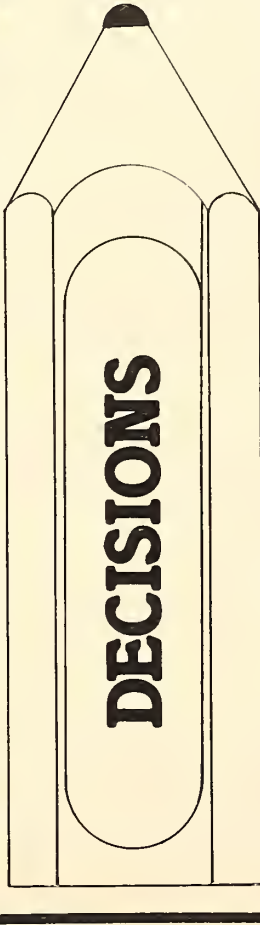
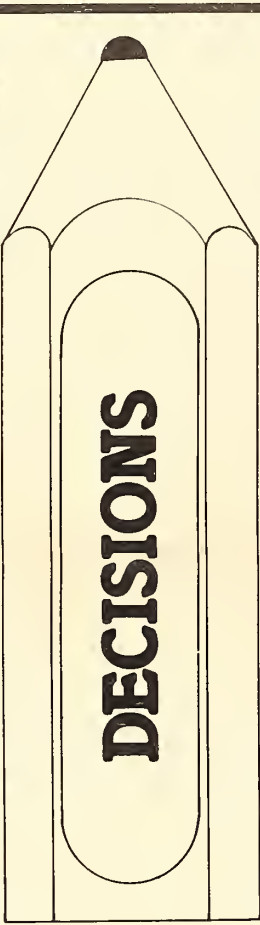
to drive. You may want to share these facts with your father.

In Ontario, the legal penalties for drinking/driving offences are as follows:

- first offence — a fine of \$50 to \$2,000 or jail for six months or both, and loss of driver's licence for three months.
- second offence — jail for not less than 14 days and up to one year.
- subsequent offences — jail for not less than three months, and loss of licence for six months.

The court may add an additional driving suspension not to exceed three years.

One of the reasons penalties are so strict is that more than half of Ontario's fatal road accidents in 1980 were alcohol-related. Forty-five percent of Ontario's fatal drinking-boating accidents in 1980 were also alcohol-related.



Bill couldn't be sure whether he had side-swiped the pedestrian.

The night was dark and all he could think of was sleep. Sure, he had a few but what was that man doing in the middle of the street anyway?

If he went back, the police would dwell on his drinking. It wasn't fair. Everyone was entitled to a drink now and again. What did they expect?

Supposing he just went around the block once to make sure. But, if he'd clipped the man, what difference would it make now? It was a well travelled route. Someone would find him.

If there was personal injury and the police smelled his breath . . .

He could always turn himself in later. Since he was under 18, the law would have to go easy.

Besides, the man was out in the road on an amber light. That would have to be taken into consideration, wouldn't it?

But he kept thinking about those beers.

* * *

We all make decisions every day. Some are as easy as choosing what to wear for school. Others are as difficult as Bill's. What do you think he should do? Follow the steps below to help you make a decision for Bill. And try them for yourself next time you have a difficult choice to make.

MAKING CHOICES

1. OPTIONS

What are all the possible choices you have? Make sure you are clear on what decision must be made right now. Don't confuse the issue by worrying about future choices.

2. KNOWLEDGE

What do you know already? What would you like to know? Where can you go to find out more? Are your sources reliable?

3. VALUES

What are your feelings? What is important to your family and friends?

4. CONSEQUENCES

What are the possible positive and negative results of this decision? What are the possible long-term consequences, both good and bad?

5. DECISION

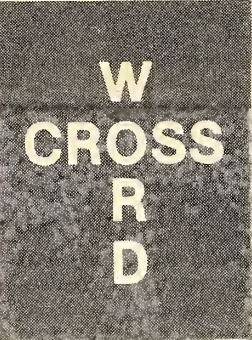
What is your decision?

6. EVALUATION

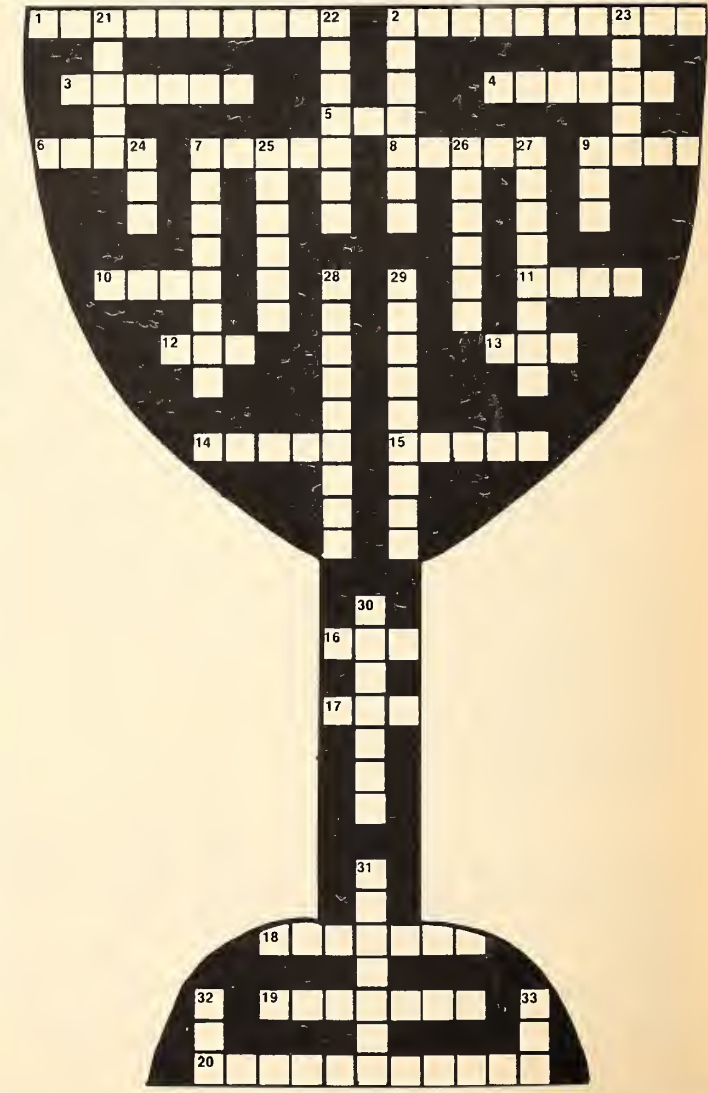
How do you feel about your decision? Was it a good choice for you? Would you make the same decision again in a similar situation?

Some of Bill's options are:

- to call the police right away.
- to leave the scene quickly and go home.
- to go home and call the police anonymously.
- to go back and take the pedestrian to a hospital.
- to knock on a nearby door and run away.
- to call a friend for help.



- Across
- 1) Moderation in drinking (10)
 - 2) A seller of illegal liquor during Prohibition (10)
 - 3) The needles of this tree were used by pioneers to make beer (6)
 - 4) Nationality of famous Rhine wines (6)
 - 5) Rule (3)
 - 6) Drink bought at a Brewers' Retail outlet (4)
 - 7) Russian liquor distilled from rye (5)
 - 8) Religion that forbids the use of alcohol (5)
 - 9) Alcoholic beverage made from honey (4)



... WE ASKED YOU



QUESTION ONE

Do you think it is reasonable for a sixteen-year-old to have two or three beers every week?

Sarah, 15:

Yes, I guess so. It wouldn't be terrible because people should get introduced to it, as long as they don't go crazy with it. But it's breaking the law, so I'm not sure.



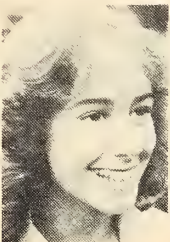
Fiona, 15:

If they want to I think it's all right, but it shouldn't be encouraged because it's against the law for someone that young.



Karen, 16:

No, because drinking is dumb. It's useless. You don't need it to have a good time.



Barb, 16: It is all right as long as you don't go further than two or three beers.



QUESTION TWO

Do you feel you have enough information about drugs to make the right decisions about whether to use them? Do you believe most of it?

Julie, 18:

I have enough information ... but I'm not sure of the effects of these drugs if used excessively. I believe most of it. I believe teachers and doctors tend to exaggerate a little bit to protect



you from becoming a regular user. Use in smaller quantities might not be that harmful.

Ken, 20:

Yes, because I look around me and what I see I don't like (the importance other people place on drugs). It frightens me in a sense. People can become addicted to all kinds of drugs, and it can reach a point where it can control them. It's a scary thing when



something can control you, and you can't control your own decisions.

Lorie, 18:

Personally, yes. I've got enough information. I believe most of what I know. The rest, well ... I'm a little doubtful. It's often information I'd be uneasy about repeating.



Rick, 15: Personally, I have enough information. I believe most of it, but not all of it, ... because most of it I've gotten off the streets.



Have we forgotten to mention something that interests you? Let us know. Write *Kids and Teachers*, *The Journal*, 33 Russell St., Toronto M5S 2S1, Ontario, Canada.

Mary and Brent will be asking other teenagers questions each month for Kids and Teachers. If you have a question you'd like Mary and Brent to ask, send it to them at: Kids and Teachers, c/o The Journal, 33 Russell St., Toronto M5S 2S1, Ontario.



ASK YOURSELF

180 DAYS OFF??!

It only seems as if school takes up your entire life. In fact, the average number of days in the school year is 185. That leaves 180 non-school days or one-half of your year free.

GET A PENCIL

How do you decide what to do with all those free hours? Of course, some free time is used up with household chores, studying, or part-time jobs. But with the rest of your free time, do you occasionally find yourself doing things

- ☐ out of habit?
- ☐ for lack of anything better to do?
- ☐ that aren't as much fun as you wish they were?

THINK ABOUT IT

Here's a way to help you get the most out of your free time.

ACTIVITY (1)

I would like to spend my free time:

- ☐ doing volunteer work
- ☐ walking/jogging/running
- ☐ listening to music
- ☐ playing organized sports
- ☐ playing non-organized sports (eg street hockey, frisbee)
- ☐ reading
- ☐ going to movies
- ☐ going to concerts
- ☐ building models
- ☐ at camp or a cottage
- ☐ collecting items (what?)
- ☐ in after-school activities (what are they?)
- ☐ baby sitting
- ☐ working at a part-time job (what is it?)
- ☐ sewing, doing macrame, crocheting
- ☐ watching television
- ☐ roller skating
- ☐ shopping
- ☐ dancing
- ☐ add your own

ACTIVITY (2)

I like my favorite activities because they involve:

- ☐ relaxation and quiet time
- ☐ time with one or two close friends
- ☐ time with a group of friends
- ☐ time away from home
- ☐ time with family
- ☐ time at home
- ☐ competition and challenge
- ☐ physical exercise
- ☐ mental stimulation and thinking
- ☐ creativity
- ☐ add your own.

ACTIVITY (3)

In the first column write the needs from Activity (2) that are most important to you. In the second column write the things you do that help to fill those needs.

EXAMPLE:

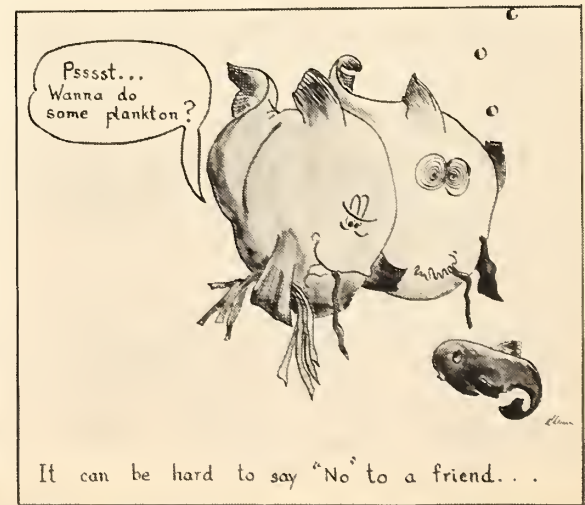
a) time away from home	a) at camp, or a cottage
b) physical exercise	b) roller skating
c) relaxation and quiet time	c) reading
	watching television
Needs	Activities
a) _____	a) _____
b) _____	b) _____
c) _____	c) _____

Was it easy to fill the needs column, but harder to fill the activities column? If you managed to fill both columns without any trouble, go to the head of the class! If you had trouble filling the activities column, can you think of any activities you'd like to do that might fill your needs?

YOU'RE ALMOST THERE

- Often we run into barriers that stop us from accomplishing what we'd like to do. Overcoming them takes some effort.
- Some barriers are internal or come from within yourself. Do you sometimes have trouble finding the energy to carry out your plans? Do you put off until tomorrow what you could do today? A daily calendar filled in each evening at bedtime might help you to use your time wisely.
- Other barriers are external or outside of you: Can you afford this activity? Does it depend on a certain type of weather? Do you need a partner? Does someone have to drive you there?

Try planning one activity and see if you can overcome the barriers. You'll probably have to budget some money, arrange to meet friends, and plan your time so that you don't forget your other responsibilities, too. But if you've marked it in your calendar, you're on your way. Have fun!



- 10) Last part of 28 Down (4)
 - 11) Japanese wine made from rice (4)
 - 12) A town without taverns is ____ (3)
 - 13) Opposite of 12 Across (3)
 - 14) On its banks grow grapes that produce famous German wines (5)
 - 15) Drink made from the fermented juice of apples (5)
 - 16) Africans make wine from palm ____ (3)
 - 17) First three letters of the abbreviation for Women's Christian Temperance Union (3)
 - 18) Wine made from a superior grape crop in a particular year (7)
 - 19) To produce liquor you ____ it (7)
 - 20) Era when the sale, manufacture, and drinking of alcohol was illegal in the United States (11)
- Down
- 2) Preparation of beer by steeping, boiling, and fermenting (7)
 - 7) Field where grapes are grown (8)
 - 9) Drinking container for beer (3)
 - 21) North American Indians used to make a fermented liquor from ____ sugar (5)
 - 22) Country famous for its beer (7)
 - 23) Fruit grown in Canada's Niagara Peninsula to produce wine (5)
 - 24) Liquor distilled from molasses (3)
 - 25) Three or four alcoholic ____ will likely make you dizzy and flushed (6)
 - 26) Distilled alcoholic beverage (6)
 - 27) Used in making 24 down (8)
 - 28) Place where liquor was sold illegally during Prohibition (9)
 - 29) The juice of this tropical plant is used to make a fermented liquor (5, 4)
 - 30) Greek god of wine and feasting (7)
 - 31) ____ gin was a strong liquor made illicitly during Prohibition, often in unusual containers (7)
 - 32) A small one will not make you drunk (3)
 - 33) Container in which beer is sometimes sold (3)

Crossword Answers
Across
1 TEMPERANCE, 2 BOOTLEGGING, 3 SPRUCE, 4 GERMAN, 5 LAW, 6 BEER, 7 VODKA, 8 ISLAM, 9 MEAD, 10 EASY, 11 SAKI, 12 WET, 13 WET, 14 RHINE, 15 CIDER, 16 SAP, 17 WCT, 18 VINTAGE, 19 DISTILL, 20 PROHIBITION
Down
2 BREWING, 7 VINEYARD, 9 MUG, 21 MAPLE, 22 ENGLAND, 23 GRAPE, 24 RUM, 25 DRINKS, 26 LIQUOR, 27 MOLASSES, 28 SPEAKEASY, 29 SUGAR CANE, 30 BACCHUS, 31 BATHUR, 32 SIP, 33 CAN

HISTORY OF ALCOHOL



Figure 1. Pressing the wine: copy of painting from Theban tomb

Teacher Objective

To explore the history of alcohol use and control

Student Objective

To realize that alcohol use and control have a long and varied history

Step 1

Hand out or show to the students a map of the ancient world around the Mediterranean Sea. Ask students to name the ancient civilizations and point out their locations on the map.

Egypt, Mesopotamia, Syria, Asia Minor, Rome, Greece, etc.

Ask: **What did each of these civilizations have in common?**

Although students may mention many things, they will probably not mention alcohol. After a suitable length of time show Figure 1, the painting from a Theban tomb. Make individual copies to be handed out, or an overhead transparency to show the class.

Say: **Describe the activities shown in Figure 1.**

Figure 1 shows grape gathering, grape pressing, pouring the wine into large jars, and recording information about the wine — all aspects of wine production thousands of years ago.

If possible show other pictures depicting alcohol use; for example, pictures of

- Bacchus, the god of wine
- wine goblets found in ancient tombs
- medieval paintings of field workers in grape vineyards

Step 2

Ask: **What type of alcoholic beverage was drunk in ancient times?**

It was mainly wine made from local products since brewing and distillation are relatively recent inventions.

If students show an interest, discuss with them the local ingredients used in making alcoholic beverages around the world, as described below.

Throughout history people have used whatever ingredients are at hand for manufacturing beer, wine, and liquor. Asian countries use rice to make their beer and wine; sake is the name of the Japanese rice wine served either hot or cold. Most African countries use a type of grain called millet to make beer. In the Mediterranean and northern European countries, barley is one of the chief ingredients in the making of beer. Throughout Africa, the sap of the palm tree is used to make wine while the juice of the sugar cane is used to make a fermented drink in many tropical areas. North American Indians used to make a fermented liquor from maple sugar, and some of the early North American settlers would even make beer from spruce needles.

France turns the grapes grown in her southern regions into some of the world's best-known wines. World-famous wine is also produced in Germany from grapes grown in the Rhine River valley. One of the by-products of the West Indian sugar cane is molasses, which is used to make a well-known liquor called rum. These are just a few of the many societies that have used the products already available in their own region for making alcohol.

Step 3

Read the following to the students:

1. "Man hath no better thing under the sun, than to eat, and to drink, and to be merry."
2. "More wine, less wits, you know; wine makes a man sing even if he is a rare scholar, makes him titter and chuckle, aye, makes him dance a jig, and makes him blurt out what were better kept to himself."
3. "Drunkenness — spoils health, dismounts the mind, and unmans men."
4. "Wine is the most healthful and most hygienic of beverages."

Ask: **Who wrote or said these quotations?**

1. The Bible: Ecclesiastes, chapter 8, verse 8.
2. Homer, the Greek poet who wrote the *Iliad* and *Odyssey* about 800 BC.
3. William Penn, the Quaker who founded Pennsylvania in the United States.
4. Louis Pasteur, the French scientist who discovered the concept of germs and sterilization to kill them.

Ask: **What do these quotes tell you about the history of alcohol and people's responses to it?**

People have known about the effects of alcohol for a very long time — at least as long ago as Biblical times, and probably for as long as we have written records. Opinions about alcohol have always differed widely; some, like William Penn, see it as a negative thing while others, like Louis Pasteur, see it as a positive thing.

Step 4

Read the following quotes to your students.

1. "I established law and justice in the land. All places where drink is sold will close at sundown."
2. "I will make it a felony to drink small beer."
3. "No follower of Mohammed may drink alcoholic beverages."
4. "No person under the age of 19 years shall have, consume, attempt to purchase, or otherwise obtain liquor."

Say: **These rules have also come from many different times and societies. Can you identify the source of each quote?**

1. Code of Hammurabi established in Babylon about 1700 B.C.
2. Shakespeare: *King Henry VI*, Part 2, Act 3.
3. *The Koran*, Islam's holy book.
4. Ontario Liquor Licence Act.

Ask: **What conclusions can you draw from these quotes?**

For as long as people have been making alcohol, they have been trying to control its effects on them.

Step 5

Say: **One of the ways to control alcohol is to prohibit its use completely. Islam still does not allow its people to drink alcoholic beverages. The United States tried to outlaw alcoholic beverages in the 1920s. What was this era called?**

The Prohibition era

Ask: **Can you describe what happened during this time?**

A period of lawlessness resulted. Bootleggers — merchants who sold illicit alcohol — appeared on the scene. So, too, did smugglers as illegal booze was shipped across the border between Canada and the United States. Bootleggers became fabulously wealthy, and bathtub gin — so called because it was made in the largest possible container, a bathtub — was a favorite drink in

American cities. Speakeasies — bars serving illegal liquor — disguised themselves as billiard parlors or night clubs. Many policemen did not bother to enforce the law and a spirit of disrespect for the law flourished, along with the feeling that Prohibition was a sham.

Say: **However, long "dry" periods when liquor has not been widely available have shown some very good effects on society. For instance, the number of deaths from cirrhosis of the liver and other alcohol-related diseases dropped dramatically during Prohibition.**

Since trying to get rid of alcohol completely has not worked well, most governments have chosen to have controls and laws.

The next lesson will look at some of these laws and what they mean to us.

Pocket Histories

MARIJUANA

Marijuana, like alcohol, has a long and varied history. Cannabis is its botanical name, and it grows wild in India, China, and many other parts of the world. References to cannabis made in 2737 BC in China show that it was thought to have some medicinal value, as some people claim today. Cannabis was brought to the New World in 1611 by Louis Hebert, the apothecary or druggist to Samuel de Champlain. Hemp, as it is also known, has been cultivated for centuries in Western Europe for its fibre which makes excellent rope.

Many cultures have known about the psychoactive or mind-altering qualities of cannabis, but its use for that purpose has not been widespread over the centuries.

TOBACCO

When the first explorers reached the New World, they were introduced to the native peoples' custom of smoking tobacco in a pipe. Tobacco smoking quickly became popular in Europe and was praised for both its stimulating and calming effects. At first, Europeans used tobacco in pipes or rolled into cigars. Paper and tobacco were sold separately in order to make "roll your owns" or the "poor man's smoke." By the 1880s large factories were mass producing cigarettes, and smokers grew to prefer them. However, smokers didn't realize then that the main active ingredient in tobacco is nicotine, a poisonous alkaloid used nowadays as an insecticide.

Editorial team: Anne MacLennan, editor; Greg Arbuthnot, design; Evelyn Cluer, cartoons and crossword; Jerrine Craig, production; Susan Lawrence, editorial consultant; Sharon MacLennan, graphics; Marg Sheppard, education consultant. Columns by Paul C. Brown, Karen Girling, Brent Poulton, and Mary Schankula.

MEMO

To: Teachers, parents, youth leaders:

This is the first in a series of supplements on alcohol and other drugs to be published over the next six months by **The Journal**, especially for students and teachers. Each will include a lesson plan for teachers and a variety of material for students themselves to use and enjoy.

Read the supplements as they arrive each month, order a class set for your students, and, at your convenience, teach the lesson. Then, hand out copies of that month's supplement to all of your students as a learning reinforcement.

Also, use the model — Making Choices — on page S2 to help students explore the process of making decisions. By the way, this may be used for more than decisions about alcohol.

Marg Sheppard.

CANNABIS, HEALTH, & THE LAW

By John B. Macdonald *

The issue of public policy concerning cannabis has been the subject of heated debate for at least 15 years. Interest and concern were heightened during the past year by the federal government's announcement in June, 1980 of its intention to introduce new legislation reducing the maximum penalties for marijuana possession.

Depending on their point of view, various groups and individuals hailed the announcement as a victory for freedom of choice, confirmation that marijuana is not really harmful, or practical recognition that the existing law has been ineffective; others responded by deploring the anticipated increase in use of marijuana, the damage to health, the implied message to young people that "pot" is, if not harmless, no more than a minor risk.

The debate often tended to be self-serving, the various arguments being used to reinforce conclusions based on prejudice, misinformation, and propaganda.

Cannabis and Health

The Addiction Research Foundation (ARF) has disseminated considerable scientific information and policy information to help enlighten the debate. Perhaps the most important effort was the publication of a small booklet entitled *Cannabis: Adverse Effects on Health*.

This report was based on a thorough review of the scientific literature — some 5,000 articles of which about 1,200 dealt with the effects of the drug on health. Although epidemiological studies of the type which have yielded evidence of important health problems attributable to tobacco or alcohol are not available for cannabis, the findings of trained observers, studies of small groups of users, and reported experiments have provided strong evidence that heavy use of cannabis constitutes a significant health hazard. Readers are urged to refer to the booklet for a full summary.

In brief, cannabis in low to moderate doses tends to alter perception, impair memory, and interfere with physical coordination. Driving performance deteriorates and it becomes hazardous to operate machinery. For some users — especially those under stress, manifesting anxiety or depression, or exhibiting borderline schizophrenia — a single dose may cause reactions ranging from anxiety, through panic and paranoia, to acute psychosis. Apathy, lack of concern for the future, and loss of motivation can occur in chronic heavy users. These reactions may be particularly harmful amongst young users (11-15 years of age) by interfering with psychological and physical maturation. Changes in brain waves and learning impairment, persisting for months following chronic intoxication, have been observed in experimental

animals and are consistent with clinical findings in humans.

Cannabis, when burned, produces several hundred chemicals, including a number of cancer-producing agents. These chemicals constitute about twice the tar that is in strong tobacco. Long-term heavy smoking is associated with sore throat and bronchitis. Pre-cancerous changes have been found in bronchial tissue of 20-year-old heavy smokers of cannabis.

Decreased testosterone levels, degeneration of cells in the testis, and arrested or abnormal sperm development have been shown consistently in animals exposed chronically to cannabis. Similar findings have been reported in men who are heavy users, but these findings are not consistently reproducible. Suppressed ovulation occurs in female animals and preliminary evidence suggests that cannabis smoking by women likewise may result in intermittent failure of ovulation. Some components of cannabis can cause mutations in cell cultures and this may occur in living animals. For example, birth defects have been shown in the third generation of animals after first generation animals were exposed to cannabis smoke. Evidence in humans is still lacking.

Suppression of some normal immune reactions has been shown in both animals and man. This interference with a normal protective mechanism could lower resistance to viruses and cancer. The effect on incidence of cancer in humans awaits epidemiological studies.

Additional miscellaneous effects include stomach and intestinal disturbances, weight loss in heavy users, allergic reactions, and difficulty in controlling diabetes.

The findings are fully sufficient to show that *cannabis is a powerful drug with a broad range of risks to health*. Knowledge of the full extent of damage to public health will depend on epidemiological studies of the large numbers of users in North America and Europe and, as in the case of tobacco, will become known only after many years of use. The prospects are grim.

Publication of the booklet *Cannabis: Adverse Effects on Health* obviously met a need. About 115,000 copies, in English and French, have been distributed in Ontario. The publication has been reproduced and widely distributed by the United States government's National Institute on Drug Abuse. It is also being translated and published in Israel, Mexico, Germany, Sweden, and Switzerland.

The booklet, however, represented only one of several initiatives of the Addiction Research Foundation which helped to achieve broader public understanding of the consequences to health of cannabis smoking.

In 1978, Dr Harold Kalant, director of

biobehavioral research in the Foundation, presented expert testimony for the American government to the US Appeals Court in an action brought by the National Organization for the Reform of Marijuana Laws challenging the constitutionality of US laws governing marijuana. His testimony dealt thoughtfully not only with evidence concerning harmful effects but also with the importance, from a public health viewpoint, of understanding both the severity of consequences and the frequency of their occurrence. The entire testimony was reproduced in *The Journal*, the Foundation's monthly science tabloid for professionals on developments, issues, and events in the drug field.¹ Dr Kalant's testimony left no doubt that cannabis use is hazardous to health; it made clear also that the frequency of occurrence of the various adverse consequences has not yet been accurately assessed.

Publications aimed at various audiences (for example, pregnant women) have been widely distributed throughout Ontario. Also, the Foundation, through its affiliation with the World Health Organization (WHO), has been instrumental in drawing together a group of experts from all over the world to draft an official statement from WHO on the health hazards of cannabis use. Each contributor provided a working paper in his or her area of expertise and these formed the basis for in-depth discussion by the entire group at a week-long conference at Foundation headquarters in April, 1981. The conference, under the chairmanship of Sir William Paton from Oxford University, produced a draft document, now in the final stages of editing, which will be presented to WHO for formal approval. The resultant document, carrying the imprimatur of both WHO and ARF, will receive worldwide distribution.

Foundation Policy on Cannabis Use

A question which follows from the above and one which has been addressed frequently to the Foundation is this: "Does the Foundation advocate that cannabis not be used?" A simple answer would be that since cannabis possession is illegal the Foundation certainly advocates that cannabis not be used, but this is not what is generally implied by the question. The implied question is this: "Given the risks to health from use of cannabis, does the Foundation advocate that cannabis not be used?"

Scientists in the Foundation have been reluctant to answer this question for two reasons. The first is that the size of the risk is not always known. The second is that it is felt that it is not up to scientists to decide how much risk society should take. The risk is affected by dosage and frequency of use. The significance of the risk depends on both the severity or seriousness of the possible consequences and the frequency with which such consequences might occur. If the frequency were seen to be low compared to the reward (euphoria) many people might be prepared to accept the risk — especially if the possible consequences were minor. On the other hand, many might be less inclined to take the same chance on a life-threatening consequence such as cancer.

Value judgments of this sort are made by people who drink alcohol. Provided they drink lightly and provided they don't drive when impaired, they see the risk as low

enough to justify the behavior. This is not to say the risk is zero or negligible. A certain percentage will graduate to higher more hazardous consumption. Some will become alcoholics. Some will kill or be killed on the highways. Some will die of cirrhosis, etc.

The reluctance of Foundation scientists to appear to pre-empt society's responsibility to make its own value judgments based on a fair assessment of the risks is understandable and indeed commendable. Members of the public nevertheless can be frustrated, feeling that they should be able to look to the Foundation for leadership and advice on matters dealing with drugs and health. That expectation is justified. The Foundation's mandate includes the promotion of prevention.² The Foundation is concerned with the public health consequences of drug use and the question put to the Foundation is a legitimate one which the Foundation must be prepared to answer, drawing on all its expertise and knowledge.

The answer to the question, "Given the risks to health from use of cannabis, does the Foundation advocate that cannabis not be used?" can be stated succinctly. The risks to health are real. Adverse consequences will occur for some people on the basis of even occasional use. The consequences at high levels of use may severely damage health, resulting in death. There is strong reason to anticipate a high incidence of severe and life-threatening lung disease among large populations of regular users. There is a possibility of genetic mutations affecting future generations. These consequences are very serious for society and therefore on the evidence available *the Foundation advocates strongly that cannabis not be used.*³

It may be argued that an inconsistency exists between the above conclusion and the Foundation's accedence to light use of alcohol. After all, the evidence for damage to health from heavy use of alcohol is much stronger than the evidence concerning cannabis. Why not oppose all use of alcohol, or alternatively, advocate "responsible" use of cannabis?

The two cases are not identical however. The fact that society has accepted the risks associated with alcohol use is not a reason to extend willingly the public health risks by introducing one or a dozen additional drugs with more or less comparable euphoric effects. From a public health point of view, the adverse consequences of each drug are likely to result in the addition of new problems rather than substitution for old ones, and the level of damage from the one legal option (alcohol) is already astronomical. It would make no sense from a public health perspective to encourage or acquiesce to any use of cannabis.

Cannabis and the Law

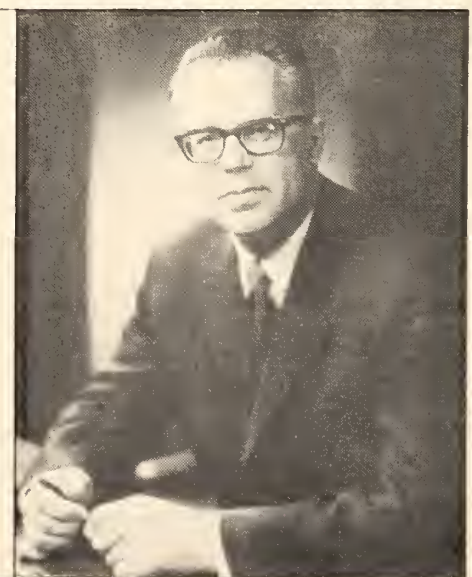
One of the features which has confounded the debate on cannabis policy has been the assumption that persons favoring liberalization of the law must be "pro-cannabis." Such a conclusion is entirely unjustified. It is in no way inconsistent to wish to discourage cannabis use and at the same time to hold that the present law is unsatisfactory. The problem goes farther. Such are the emotions the subject generates that to advocate a legal course with less severe penalties as a means of restraining can-

(continued on page 10 . . .)

' . . . strong evidence that heavy use of cannabis constitutes a significant health hazard'

' the public . . . should be able to look to the Foundation for leadership and advice'

' . . . on the evidence available the Foundation advocates strongly that cannabis not be used'



(Cannabis, health and the law, continued from page 9)

nabis use is perceived as support for the use of the drug and, in the case of the Foundation, is seen as evidence that marijuana must be deemed to be harmless.

As noted above, this is far from the truth: the drug is hazardous to health. Yet it is true that the Foundation has not taken a position on legal controls most appropriate to discouraging its use. This is not to say that the Foundation has not been interested in the legal status of cannabis. In fact, Foundation scientists, criminologists, and legal experts have studied and reported on both the application and the impact of the present laws and the probable implications of alternative legal controls. These studies include in particular a book chapter entitled "Canadian Cannabis Control Policy: An Outline of Legislative Options Regarding Possession,"⁴ and a book by Patricia Erickson entitled *Cannabis Criminals*.⁵ A reading of these publications is helpful to an understanding of why the Foundation has not advocated a particular solution to the legal question.

The chapter on legislative options examines the current legislation and three alternatives, assessing in each case the evidence on effectiveness (deterrence), social costs, and adverse individual consequences. The three alternatives involve 1. mitigating the consequences of conviction for cannabis possession (i.e. eliminating imprisonment), 2. partial repeal of the possession offence (i.e. elimination of the offence for possession of small quantities for personal use), 3. government regulation of distribution.

The current law is examined in the chapter against the backdrop of extensive cannabis use by Canadians. It is estimated that in 1978 more than three million Canadians, one-third of whom were teenagers, used cannabis. Charges for cannabis offences (90% of which were for possession) numbered 52,233 in 1977, and 45,650 in 1978, roughly 10 times the number of 1968. Convictions peaked in 1977 at 37,812. Between 1968 and 1979 approximately 200,000 persons in Canada received permanent criminal records for possession. In 1977, some 3,000 were incarcerated for this offence.

Given the present level of use, which is dramatically higher than a decade ago, it is impossible to argue that the law has been an effective general deterrent. A number of studies suggest that one reason for this failure is that the risk of detection and punishment is low — about 1%. Even in the

erable. The financial expense of enforcement has been estimated to be between \$60 million and \$100 million a year. Rights and freedoms have been sacrificed to facilitate enforcement. The Narcotics Control Act, which covers cannabis offences, allows police to enter and search any place other than a dwelling house and to strip search occupants if the officer reasonably believes there is a narcotic in the building. Search of homes without a warrant is made possible by a requirement that a judge of the Federal Court must issue a writ of assistance to any person named in an Attorney General's application. The writ entitles the holder to enter and search any dwelling at any time without announcement and using force as necessary on the basis of reasonable belief that there is a narcotic on the premises. The writ is valid for the entire career of the officer. These broad powers of search are unique to drug cases and represent a departure from the general principles of law governing police powers.

The individual costs, too, must be examined in the light of the ineffectiveness of the present law as a general deterrent. The consequences of a criminal record are severe. It can exclude the possibility of membership in professions such as medicine, dentistry, law, engineering, architecture, psychology, and in many licensed occupations — ambulance drivers, real estate agents, police officers, nursing home operators, tavern operators, private

costs could be reduced concurrently by moving the legislation from the Narcotics Control Act to the Food and Drugs Act, thereby modifying some of the extraordinary police powers.

The effect of this option on deterrence remains uncertain. Data from states in the US where penalties have been reduced indicate that the subsequent increases in cannabis use have not been greater than in

Drugs, 1961, to which Canada is a signatory.

To summarize, the probable consequences of the alternative options to the present law in terms of future levels of use are either unpredictable or damaging. This concern, coupled with the Foundation's primary consideration of public health consequences, is the overriding reason why the Foundation has not selected a choice among the options.

“... the protection of health ... is the Foundation's first consideration”

comparable states where severe penalties have been retained. However, such changes in legislation have been in existence for relatively short periods, and whether treatment of cannabis use as a minor offence will be accompanied over the long run by faster or greater increase in use is simply not known.

Partial repeal would eliminate most of the social costs and individual consequences of criminalization but again the risk exists that such action would be widely interpreted as tacit approval with a resulting increase in use. No data are yet available from Alaska, the one jurisdiction where partial repeal is in effect.

“... the risk exists that partial repeal would be widely interpreted as tacit approval”

hospital operators, private vocational school operators, etc. Many federal jobs would be unobtainable. Travel to other countries may be denied. Immigrants may be refused Canadian citizenship and indeed may be deported. Individuals subsequently charged with a criminal offence can be disadvantaged because of a record of cannabis possession. The record may be used to deny bail, to impeach the individual's credibility in court, or it may be introduced by the Crown in seeking a heavier sentence.

Obviously these are severe penalties which extend far beyond a fine or jail sentence. It is hard to escape the conclusion that the present law is far from satisfactory. Although not an effective general deterrent, this law has had high social costs and high individual costs for more than 200,000 Canadians.

The option of legalization with government control of distribution (presumably through outlets like liquor stores), while virtually eliminating most of the social and individual costs of enforcing the present law, would have serious risks. First, such a move would almost certainly be interpreted by many as an expression by government of social acceptance and negligible risk to health. Second, experience over many years with tobacco and alcohol has shown that when governments become major beneficiaries of the trade, their will to discourage use or abuse weakens.

In spite of the overwhelming evidence of disastrous consequences to health of tobacco smoking, governments continue to encourage, assist, and subsidize the tobacco industry. Tobacco is the largest single cash crop in Ontario, amounting to \$272 million in 1978-79 and employing some 8,000 workers. Sales in Canada approximate \$2.6 billion a year and government tax yields in Canada amount to \$1.4 billion (1977-78).

It is understandable that governments tend to compartmentalize their thinking to serve their sometimes disparate interests — promotion of agriculture, encouragement of trade, increase in exports, increase in revenues on the one hand, protection of health on the other. In this battle it is little wonder that protection of health may be the loser.

Should governments become principal beneficiaries of trade in cannabis it is predictable that their role in discouraging its use would steadily diminish. Precedent suggests that use would steadily increase.

Other disadvantages of legal distribution include its incompatibility with the provisions of the Single Convention on Narcotic

Another consideration is that the issue pits opposing values which require political judgments. The value on one side is the protection of health and this is the Foundation's first consideration. The Foundation rejects government regulation and distribution because it would lead to more use and an increase in public health costs. Among the remaining options described above, the Foundation would be within its mandate to advocate the one which would minimize the costs to the public's health if it were clear which would achieve that objective. Unfortunately it is not clear at this time.

The values on the other side include, among others, traditional rights and freedoms, protection from arbitrary police practices, and matching enforcement and penalties to the nature of the crime. Where society strikes a balance between these values and its concern for public health is for society to decide. Meanwhile, the Foundation does its duty by making the facts and implications of the choices known to the best of its ability.

¹"Harold Kalant: Scientist in court", The Journal, Oct 1978.

²See Alcoholism and Drug Addiction Research Foundation Annual Report, 1978-79, p4.

³This position excludes the possibility that cannabis or a pharmacologically active agent derived from cannabis may be useful for therapeutic purposes under a physician's direction in the treatment of, for example, glaucoma.

⁴Eric Single, Patricia Erickson, and Robert Solomon, "Canadian Cannabis Control Policy: An Outline of Legislative Options Regarding Possession," in J. Leon (ed), Crime and Consumption: Socio-legal Aspects of Drugs and Alcohol in Canada, Butterworth Press, Toronto, in press. The Journal, Nov 1980.

⁵Patricia G. Erickson, Cannabis Criminals: The Social Effects of Punishment on Drug Users, Addiction Research Foundation, Toronto, 1980.

“Rights and freedoms have been sacrificed to facilitate enforcement”

case of specific deterrence, the Erickson study of convicted users found that 92% of her sample were continuing to use cannabis a year after being convicted. Although the law has not been effective as a general deterrent, i.e. it has not succeeded in restricting use to a small minority, it is not possible to conclude that there has been no deterrent effect. Perhaps the number of users would have been significantly higher except for the law.

The costs of the present law are consid-

In looking at alternatives the question is whether there is a better way of using the law to discourage cannabis use. Unfortunately, the answer is not clear and it is partly for this reason that the Foundation has not advocated a particular solution. Mitigation of the penalties (by eliminating imprisonment, replacement of the present arrest, bail, and trial procedures by a less formal ticketing system, elimination of photographs and fingerprints) would reduce some of the individual costs. The social

* Dr Macdonald is past president of the Addiction Research Foundation. This paper originally appeared in Alcoholism and Drug Addiction Research Foundation Annual Report 1980-81.

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Kiwi laws pruned

AUCKLAND, NZ — Drunkenness will be decriminalized under legislation introduced by the New Zealand government.

Once the legislation is passed by parliament, a person found drunk in a public place may be taken by police to his home or to a designated temporary shelter or detoxification centre. Only if neither of these options is reasonably practicable may the police detain the person, and then for no longer than 12 hours.

Decriminalization will replace long-standing public drunkenness provisions described by Minister of Justice James McLay as "a clumsy method of achieving a measure of social hygiene."

Another casualty in a wholesale clean-out of old laws now deemed socially obsolete is a long-ignored prohibition on the supply of cigarettes or tobacco to youths under the age of 15.

It also prohibited any youth under 15 from smoking in public — unless he could produce "a certificate of a legally qualified medical practitioner to the effect that the using or smoking of tobacco . . . is beneficial to the health of such youth. . . ."

The medical director of the Heart Foundation of New Zealand, Dr David Hay, once suggested the drafters of this law might have been thinking of the days of the Great Plague in England, when the boys of Eton were made to smoke a pipe of tobacco each day for the good of their health.

Spirits flow, skiers spill

GARMISCH-PARTENKIRCHEN — "Drunk skiing" may not yet be the menace drunk driving is, but it's catching up fast, claims West Germany's Skiing League.

And the league wants to develop an educational campaign before Bavaria's and Austria's alps are covered with snow yet again.

Statistical information is skimpy. But the Garmisch-Partenkirchen county hospital did make a detailed study of 1,030 ski injuries in the 1979-1980 season. It led to the conclusion that almost 8% of accidents were attributable to drinking on the slopes.

According to the league, an older, less precise Swiss study puts the figure as high as 40%. In Austria, it has been reported, 25% of all skiers injured had consumed alcohol.

The West German group, which intends to revise its "ten commandments for good skiing" to include one calling for abstinence, pointed out that virtually all hillside and lift inns and cafés now sell alcohol — beer, red wine, and spirits, and, especially, high-proof, locally distilled fruit brandies.

But there are no regulations or blood-alcohol limits for skiers as there are for motorists.

The drinking is usually done during lunch breaks, to judge from accident studies.

In Bavaria as well as other alpine countries most skiing accidents take place between 2 pm and 3 pm — when inebriated skiers get back on their boards for the afternoon runs.

Tobacco ousts food, trees in Kenya

By David Bramley

NAIROBI — Quick profits from tobacco production have been blamed for deforestation and a reduction of food crops in Kenya.

Farmers in Kenya's Kunati Valley have stopped growing maize — the country's most important staple food — and are now growing tobacco for a multinational company, according to a report by the All Africa Press Service here.

Almost all the present plantings on the fertile valley floor are of tobacco on behalf of British American Tobacco (BAT Kenya Ltd), the report says. Five years ago, maize was the chief crop.

The steep slopes on the sides of the Kunati Valley, near Mount Kenya, are now "completely bare." Their former covering of trees has been cut down to be used as fuel for curing the tobacco.

With most of the fertile ground given over to tobacco, some farmers have tried to grow maize on the formerly forested hillsides.

But heavy rains wash away soil, plants and all. The topsoil has eroded in some places, and rocks and boulders are already washing down towards the fertile fields below, the report says.

Only 17% of Kenya's land can support crops, and an even smaller area has forest cover, so the country cannot afford to lose yet more. BAT provides eucalyptus seedlings, but deforestation happens much faster than the new trees can grow in the bare hillside soil.

Tobacco growing brings the farmers bigger profits than maize did. Even if a Kunati Valley smallholder plants only one hectare of tobacco, his income from the crop is likely to be 1,400 Kenyan shillings — a sizeable sum by local standards.

The Kenyan government has a 20% share in BAT Kenya Ltd and the company's activities are part of the country's official five-year plan. With imported petroleum products taking 35% of Kenya's



Vegetable crops are losing ground to tobacco.

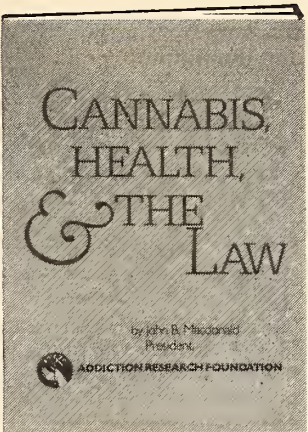
foreign exchange, exportable crops like coffee, tea, and tobacco are being grown in the place of food crops to earn money from abroad.

"What is happening in the Kunati Valley is being repeated in a

thousand other places in all of Africa," the All Africa Press Service says. "Exports are being promoted at the expense of local consumption. In the long run the ecological basis of all production is being permanently destroyed."

What is the Foundation's position

on cannabis use?
on control policies?
on the health risks?



CANNABIS, HEALTH, AND THE LAW

by John B. Macdonald
President, Addiction Research Foundation

The answers to these often-asked questions are given in this 14-page booklet. Also included is a concise summary and consideration of the relevant factors contributing to the Foundation's recommendations to the general public and to provincial policy makers. This essay first appeared as the introduction to the Foundation's **Annual Report, 1980-81**.

The complete text appears elsewhere in this issue of **The Journal**.

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NEWS

Multi-hospital emergency study finds low alc/drug user turnout

By John Carroll

FREDERICTON — A three-month study into alcohol and drug abuse cases treated in the emergency departments of nine New Brunswick hospitals showed the number of patients seeking treatment to be four times lower than anticipated.

The hospitals, located in both urban centres and rural areas, represented the linguistic and geographical distributions of the province, as well as the variations in the scope and size of services available.

In the three-month period, 865 cases of alcohol and drug abuse were treated in the selected emergency rooms. This represented 8.7 cases per 1,000 patients treated during the study (99,570).

Without exception, alcohol was the principal drug of abuse in the cases treated, ranging from a low of 67% to a high of 87%. The average for the nine hospitals was 74%. Non-alcoholic cases accounted for 9% of the total, combined usage accounted for 8%, and 9% involved overdoses.

Of the total, 633 cases (74.3%)

involved males. Patients ranged in age from seven to 80 years, with the mean age 35.8 years.

Most cases were concentrated in the 20-29 age bracket, with 175 male cases representing 28.8% of total male involvement, and 52 female cases representing 24.4% of female caseload. The combined 227 cases represented 27.6% of the total.

The 30-39 age category came next, with 118 males (19.4%) and 38 females (17.8%), for a total of 156 cases, or 19% of the total.

There was no difference between the sexes in terms of age.

Single patients predominated, a total 333 (268 males and 65 females) being treated — 44.2% of the total. Married patients totalled 291 or 38.6%, males 306 and females 85.

The linguistic breakdown was reflective of the respective communities of the patients and not too far from being in line with the provincial pattern. There were 72.4% English-speaking patients and 27.5% French-speaking. (About one-third of New Brunswickers are francophones.)

At least 102 substances were

consumed. However, 546 males cases (90.7%) and 163 female cases (76.2%) consumed one drug only, for a combined total of 709 cases (86.9%). Only a combined 81 cases (9.9%) involved two drugs, while three drugs were consumed in 26 cases (3.2%). Females were more likely than males to consume more than one substance.

Alcohol was the most popular drug for both sexes, followed by mood-modifying drugs. The incidence of illicit drugs, including

cannabis, mushrooms, and LSD was low, accounting for only 4% of the total cases, or .46 cases per 1,000 visits.

Males were more likely to seek help, by a ratio of 2.9 to one.

The anticipated rate of alcohol or drug related abuse was 35 cases per 1,000, and the study draws no categorical conclusions why the rate proved to be only one fourth what had been postulated.

Possible explanations offered are that there are fewer people with alcohol and drug related problems in New Brunswick, or the patterns of medical practice in the province are such that patients rely more on physicians in their offices than on emergency rooms. This could be because of the pre-

dominantly rural nature of the province.

The study was sponsored by the Alcohol and Drug Dependency Commission of New Brunswick and covered the period from July 1 to October 15, 1980. The hospitals were Northern Carleton Hospital, Bath; Hotel Dieu Hospital, Edmundston; Dr Everett Chalmers Hospital, Fredericton; Moncton Hospital; Dr Georges L. Dumont Hospital, Moncton; Dr H.M. Gardiner Memorial Hospital, Minto; Saint John Regional Hospital (Central); Hotel Dieu de Saint Joseph Hospital, Tracadie; and Carleton Memorial Hospital, Woodstock. (Moncton Hospital was involved only from August 26 to October 15.)

RCMP reports increase in drug use

NB drug users diversify

FREDERICTON — Although marijuana continues to be the mainstay of the illicit drug business in New Brunswick, there has been a significant increase in the volume of chemicals encountered.

The annual report of "J" Division of the Royal Canadian Mounted Police (RCMP), covering the whole province, shows that in 1980 importation of marijuana in large quantities, and principally from United States sources, was the major drug problem.

But the report noted a significant increase in LSD, PCP, and amphetamines. One RCMP inves-

tigation uncovered "a network of couriers (truckers) . . . operating between Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland."

It was found that a Fredericton resident "was directly responsible for coordinating the distribution of 'pills' to the provinces east of New Brunswick."

The RCMP, late in the year, arrested an individual with 14 grams of cocaine. The report reveals that "information subsequently gleaned revealed that he was in the process of organizing a trafficking system in cocaine for

the Fredericton area.

"It would appear that although very expensive, a market for cocaine is beginning to materialize in the province," the report stated. The source for the drug was Montreal.

In the three major cities of Saint John, Moncton, and Fredericton, Joint Operations Forces combine RCMP and municipal police in enforcement squads.

During 1980, seizures of cannabis, marijuana, and hashish totalled 179 kilograms. PCP, LSD, amphetamines, and other controlled and restricted drugs seized amounted to 14,912 doses. There were 1,169 marijuana plants seized.

Charges of trafficking in marijuana or possession for the purpose of trafficking totalled 160. There were six charges of importation of marijuana and eight of cultivation. Sixty-three charges of possession, possession for the purpose of trafficking, and trafficking in cocaine, LSD, amphetamines, PCP, and opiates were processed during 1980.

With respect to traffic law enforcement, the RCMP report noted that "liquor continues to be involved in approximately 45% to 50% of fatal crashes." However, in 1980 there was a reduction in fatal and injury accidents, with the former decreasing to 152 from 181 in 1979 — a reduction of 16%.

Diabetics fail alc/urine test

LONDON — The level of alcohol in the urine may not be a reliable way to diagnose alcohol intoxication in diabetics, suggests a recent study.

British doctors found that in the case of a diabetic woman the urinary ethanol levels were falsely high. They caution that urine tests may be misleading and should not be the only criterion for convictions of drunken driving.

The discrepancy arose when a diabetic woman who had a yeast infection of *Candida albicans* denied having drunk alcohol for 24 hours even though her urine alcohol level was 109mg/dl. The legal limit in Britain is 107mg/dl and the woman was booked for drunken driving.

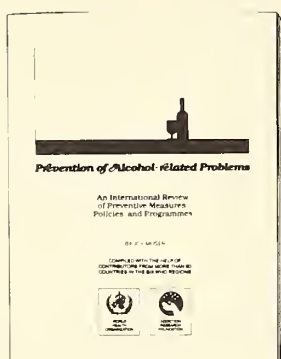
Doctors at Queen Mary's Hospital in Sidcup, Kent who investigated the woman's claim reasoned that her yeast infection might have been the source of the high urinary alcohol.

And in subsequent experiments they showed that when *Candida albicans* was added to the urine of diabetics, which had high sugar content, the yeast fermented the glucose to ethanol.

Prévention of Alcohol-related Problems

WHO/ARF International Review

by Joy Moser



This review has been prepared to help Member States in the formulation and implementation of policies, strategies, and plans of action. It sets out detailed information on the extent and nature of alcohol problems, on the range of preventive possibilities, and on the programs and policies adopted in a large number of countries. The material has been obtained not only by examination of the extensive literature, but also by direct contact with concerned people in more than 80 countries.

Descriptions given in the text of mechanisms already established in these countries may provide useful examples for other countries or jurisdictions embarking on policy and program development.

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DEPARTMENT

Projections

The following selected evaluations of audio-visual materials have been made by the Audio Visual Assessment Group of the Addiction Research Foundation of Ontario. The ratings are based on a six point scale. For further information, contact the coordinator of the group, Susan Reid, at (416) 595-6150.

Drinking Parents

Number: 476
Subject Heading: Alcohol and the family
Details: 10 min; 16mm; color.
Synopsis: This episode of the CBS production *30 Minutes* takes a look at the effect of alcoholic parents on the family system. Seventeen-year-old Rosemary Kuhn of New York discusses the experiences

she has had in living with her alcoholic mother and relates the trauma and frustration she felt when she had to assume responsibility for her nine younger siblings. Her mother describes how hard it was to face her own problems as well as deal with the children. Judith Sexias, a therapist working with children of alcoholic parents discusses the impact of alcoholism on the family. An Alateen meeting is shown as an example of where teenagers can go for one form of help and support. General Evaluation: Good-Very Good (4.6). This contemporary, informative, realistic and interesting film was judged to be a good teaching aid with emotional impact and a clear message. It could be helpful in decision-making about alcohol abuse and produce attitudes opposed to such abuse. Recommended Use: The film would be beneficial for its intended audience (aged 12-18) but

could be used by adults. Generally, it was judged to be neither harmful nor beneficial for all other audiences.

Curious Habits of Man

Number: 18
Subject Heading: Archival; alcohol and alcoholism overview; attitudes.
Details: 13 min; 16mm; color.
Synopsis: A teenage boy observes the behavior at his parents' typical

VIDEOTAPE

A Bartender's View

An insider's view of drinking in bars is offered by John Franchi, a bartender for the last 29 years.

How does the responsible bartender cope with customers who insist on "one more for the road"? What can he do about excessive drinking in his bar? How does he view teenage drinking?

This lively interview offers some interesting answers, which will interest addictions workers and other health professionals.

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cocktail party and finds amusing similarities between it and animal behavior shown on a TV program, eg a man slurping beer and a hippo slurping water, a preening woman and a preening leopard, potato chips stuffed down a human throat and worms stuffed down a fledgling throat.
General Evaluation: Fair (2.9).

VIDEO PROFILE

Employee Assistance Programs



with Harrison Trice

Given the economic uncertainties of the next few years, this look at the cost effectiveness of employee assistance programming and its benefits to both union and management is particularly relevant.

Harrison Trice, Professor, New York State School of Industrial and Labour Relations at Cornell University, hardly needs an introduction to people concerned with alcohol and the workplace. He has perhaps had a greater influence on employee assistance programming than any other single individual.

In this video interview, Dr. Trice draws on his 30 years experience as an author, researcher, and practitioner in the field. Other key issues discussed include the importance of union-management cooperation and the job performance criteria for successful EAP's.

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VIDEO PROFILE

Prohibition Days



with William Temple

In this sparkling video interview, William Temple — now a vigorous 82 — recalls the days of prohibition as the "happiest, most successful period of Ontario history" when "jails were closed because there was no one to put in them, police forces were disbanded, and treatment facilities went broke".

Mr. Temple voted for the continuation of prohibition in 1919 and is a life long worker for the temperance movement. As secretary of the West Toronto Inter-church Temperance Federation, he takes pride in the fact that his area has remained dry since 1903.

A former member of the provincial legislature — defeating George Drew in 1948 — Temple reflects on the issues of alcohol propaganda, prevention versus treatment, and the politics of alcohol use in our world today.

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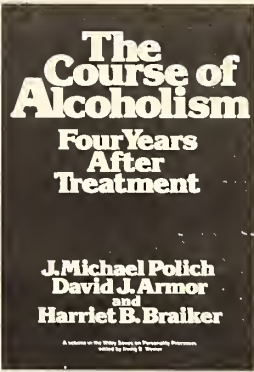
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THE COURSE OF ALCOHOLISM
FOUR YEARS AFTER TREATMENT

J. Michael Polich, David J. Armor & Harriet B. Braiker

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Reports the results of a study of the drinking behaviour and alcohol-related mortality of 922 alcoholics over a four-year period following treatment. It challenges the conventional acceptance of abstinence as the only possible method of recovery for all alcoholics.

No particular approach to therapy is recommended but the results underscore the need for rethinking our strategies of alcohol treatment.

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DEPARTMENT

New Books

by RON HALL

Review Of General Population Surveys Of Drug Abuse

... by Lloyd D. Johnston

This publication summarizes the experience gained in more than 30

general population surveys of drug abuse in eight countries in Latin America, North America, the Middle East and South east Asia. It critically reviews the technical, administrative, and practical issues facing any authority that may have to decide whether or not to conduct such a survey. One section deals specifically with the

cost-benefit aspects, while another reviews the special considerations that apply to developing countries. The publication presents the practical experience of a large number of investigators working in varied circumstances and is intended for administrators, scientists and social scientists concerned with drug abuse control, whatever country they may be in.

(World Health Organization, Canadian Public Health Association, 1335 Carling Avenue, Suite 210, Ottawa, Ontario K1Z 8N8, 1980. 57p.)

Drug Problems in the Sociocultural Context: A Basis for Policies and Programme Planning

... edited by G. Edwards and A. Arif

The purpose of this book is to describe the sociocultural aspects of drug taking and to consider how sociological and anthropological knowledge may be brought to bear on the solutions to a variety of practical problems in regard to

drug use. After presenting a number of case studies, the book examines common factors and differences among drug use patterns. Different approaches to the management of drug dependence are illustrated, as are programs aimed at preventing drug dependence. In setting out the essential principles for program planning, an attempt is made to show the practical application of sociocultural awareness when formulating policies and devising programs, and to offer explicit, rational, and economical guidelines.

(World Health Organization, 1211 Geneva 27, Switzerland, 1980. 258p.)

Drug Abuse in the Modern World: A Perspective for the Eighties

... edited by Gabriel G. Nahas and Henry Clay Frick II

This volume presents the papers from an international symposium held of the College of Physicians and Surgeons at Columbia University. The purpose of the con-

ference was to assess the impact of the use of addictive drugs on man and society, especially in the United States. The book emphasizes the pharmacological effects of addictive drugs on the brain, but also deals with drugs and drug users, social aspects of drug abuse, and epidemiological aspects. The final section presents a perspective for the eighties including chapters dealing with a statistical correlation and implications for prevention, law enforcement, educational aspects, the role of rehabilitation, the role of the family in preventing drug abuse, and drugs and the very young.

(Pergamon Press, Inc, Maxwell House, Fairview Park, Elmsford, NY 10523, 1981. 398p. \$40.00)

Cannabis Criminals The Social Effects of Punishment on Drug Users

... by Patricia G. Erickson

This study is the first to actually document the impact of the criminal sanction on cannabis users. Ninety-five offenders without prior convictions were interviewed just after being sentenced for the simple possession of cannabis. The current legal response to cannabis was shown to be a high cost, low benefit policy, and one in which the discharge option had minimal success in mitigating adverse individual consequences. The book is intended to be of interest to those concerned with the effects of the cannabis prohibition, to those interested in future policy in this area, and to anyone with an interest in the impact of the criminal justice system on offenders.

(Addiction Research Foundation, 33 Russell Street, Toronto, Ont M5S 2S1, 1980. 175p. \$12.95)

Problems Presented by Alcoholic Clients: A Handbook of Counseling Strategies

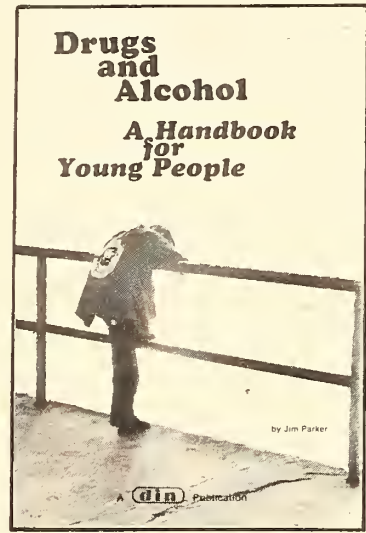
... by Michael R. Jacobs

The main purpose of this book is to provide practical intervention strategies for minimizing or eradicating those common problems that can doom the counselling experience to failure. A second purpose is to describe and suggest remedies for certain problems that are more likely to be generated by the counsellor than by clients. Each disruptive problem is presented according to the following format: a) definition and description of the specific item, b) discussion of variables that may have precipitated and/or maintained the problem, and c) recommended strategies for managing the problem. Strategies are pragmatic and straightforward.

(Addiction Research Foundation, 33 Russell Street, Toronto, Ont M5S 2S1, 1981. 141p. \$9.95)

Other Books

Alcohol Education And Alcohol Policy — Holmila, Marja, et al, Social Research Institute of Alcohol Studies, Helsinki, 1980. An Interim Report on "Alcohol Education Research Project," presented at the 26th International Institute on the Prevention and Treatment of Alcoholism, Cardiff, June 9-14, 1980; includes interview study of current thinking, the role of the public media, and assessing the impact of alcohol education. References. (Report No 139) 25p.



NEW FROM



A realistic drug and alcohol handbook for grades 5-8.

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by Jim Parker

You're a busy person. You go to school, watch television, study (probably not as much as you should), listen to music, go to movies, and hang out with your friends. You might play raquetball or play guitar, collect stamps or Star Wars souvenirs. Someday, you want to be a nurse, an astronaut, a fashion model or a big league baseball player. Or maybe you're not sure what you want to be. But what you are right now is busy. You do your homework and do the dishes. You make your bed and maybe mow the lawn. So why should you spend time learning about drugs? There's a lot of reasons.

—From the Introduction

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Plenum Excellence

Health Education An Annotated Bibliography on Lifestyle, Behavior, and Health by Marion C. Chafetz

Health Education Foundation, Washington, D.C.
The result of comprehensive searches of the most recent literature, *Health Education* takes maximum advantage of information science technology. This annotated bibliography, ranging from aging to yoga, provides both the lay and professional reader with a guided tour of the best works in the important areas of health, behavior, and lifestyles. 272 pp., 1981, \$29.50 (\$35.40/£18.59 outside US)

Alcohol and Drug Problems in Women

edited by Oriana Josseu Kalant
Addiction Research Foundation, Toronto, Canada

This volume, a landmark in the field, is devoted entirely to a comparison of alcohol and drug problems in women and men. Unearthing, drawing together, and assessing knowledge that was often buried in reports on other subjects, the book also presents the results of original investigations and suggests future directions for research. *Research Advances in Alcohol and Drug Problems*, Volume 5. 783 pp., illus., 1980, \$55.00 (\$66.00/£34.65 outside US)

Drug Dependence and Alcoholism

edited by Arnold J. Schecter
Upstate Medical Center, Clinical Campus, State University of New York at Binghamton, and Broome County Health Department, New York

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DEPARTMENT

Coming Events

Canada

The Canadian Mental Health Association 63rd National Annual Conference — Oct 15-17, Chatham, Ontario. Information: The Canadian Mental Health Association, 2160 Yonge St, Toronto, Ont, M4S 2Z3.

Life Stress/Work Stress Symposium — Oct 28-30, Toronto, Ontario. Information: Life Stress/Work Stress Symposium, Clarke Institute of Psychiatry, 250 College St, Toronto, Ont M5T 1R8.

Addictions 81: Perspectives on Research, Treatment and Education — Oct 28-30, Ottawa, Ontario. Information: Alcohol and Drug Services, Royal Ottawa Hospital, 1145 Carling Ave, Ottawa, Ont.

Treatment of Anti-Social Youth: What Works? — Nov 9-10, Toronto, Ontario. Information: The Public Relations Office, Thistleton Regional Centre for Children and Adolescents, 51 Panorama Ct, Rexdale, Ont M9V 4L8.

Association for Advancement of Behavior Therapy 15th Annual Convention — Nov 12-15, Toronto, Ontario. Information: Mary Jane Eimer, Executive Director, Association for Advancement of Behavior Therapy, 420 Lexington Ave, New York, NY 10170.

Annual Meeting of the Ontario Psychiatric Association — Jan 28-30, 1982, Toronto, Ontario. Information: Frank E. Cashman, Clarke Institute of Psychiatry, 250 College St, Toronto, Ont M5T 1R8.

73rd Annual Conference Canadian Public Health Association — June 21-24, 1981, Yellowknife, Northwest Territories. Information: Dr David Martin, Chairman, Scientific Program Committee, c/o Canadian Public Health Association, 1335 Carling Ave, Ste 210, Ottawa, Ont, K1Z 8N8.

United States

Alcoholism and The Family — Oct 15, Indianapolis, Indiana. Information: Jean Wright, Community Affairs Director, Fairbanks Hospital, 1575 Northwestern Ave, Indianapolis, IN 46202.

Medical Conference on Alcoholism and Drug Abuse — Oct 17-18, Mackinac Island, Michigan. Information: Diane Vella, Michigan Alcohol and Addiction Association, 23450 Middlebelt, Farmington Hills, MI 48024.

14th Annual MAAA Fall Conference — Oct 18-20, Mackinac Island, Michigan. Information: Diane Vella, Michigan Alcohol and Addiction Association, 23450 Middlebelt, Farmington Hills, MI 48024.

Narcotics, Vice and Intelligence Investigations — Oct 26-28, Scottsdale, Arizona; Dec 9-11, Orlando, Florida. Information: Assistant Director of Seminars, Harper and Row Criminal Justice, 10 E 53rd St, New York, NY 10022.

Chemical Dependency and Family Intimacy Training Project — Oct 28-30, Minneapolis, Minnesota. Information: Eli Coleman, Chemical Dependency and Family Intimacy Training Project, Program in Human Sexuality, 2630 University Ave SE, Minneapolis, MN 55414.

Evaluating Alcohol and Drug Programs: Current Methods and Findings — Oct 28-30, Bloomington, Minnesota. Information: Hazelden Foundation, Conference Planning Committee, Evaluation and

Research, Box 11, Center City, MN 55012.

Northeast Conference on Addictions — Oct 30-Nov 3, Boston, Massachusetts. Information: Gary Seidler, US Journal, 2119-A Hollywood Blvd, Hollywood, FL 33020.

1981 Postgraduate Course in Clinical Pharmacology, Drug Development and Regulation — Nov 9-13, Rochester, New York. Information: William M. Wardell, Pharmacology and Toxicology, The University of Rochester, Medical Center, 601 Elmwood Ave, Rochester, NY 14642.

Counselling for Family Recovery — Nov 13-14, Des Plaines, Illinois. Information: Alcoholism Systems Associates, PO Box 184, Hazel Crest, IL 60429.

1981 NYS Health Educators Conferences — Nov 13-15, Rochester, New York. Information: Bruce S. Baumgarten, Monroe Developmental Center, Education and Training Department, 620 Westfall Rd, Rochester, NY 14620.

10th Annual Meeting of the Association of Labor-Management Administrators and Consultants — Nov 17-20, San Diego, California. Information: ALMACA, 1800 N Kent St, Ste 907, Arlington, VA 22209.

Grand Canyon International Conference On Treatment of Addictive Behaviors — Nov 17-21. Information: William R. Miller, Program Chair, Grand Canyon Conference, The University of New Mexico, Albuquerque, NM 87131.

3rd Annual Training Institute on Addictions — Nov 29-Dec 4, Hollywood-By-The-Sea, Florida. Information: US Journal, 2119-A Hollywood Blvd, Hollywood, FL 33020.

Sixth Southeastern Conference On Alcohol and Drug Abuse — Dec 2-6, Atlanta, Georgia. Information: Pat Fields, Registrar, Charter Medical Corporation, Addictive Disease Division, 5780 Peachtree Dunwoody Rd, Ste 170,

Atlanta, GA 30342.

Lesley College Long Distance Program in Management for Substance Abuse Providers — Jan 1982, Cambridge, Massachusetts. Information: Dr Barry Sugarman, Lesley College, 29 Everett St, Cambridge, MA 02238.

Abroad

Sixth World Conference of Therapeutic Communities — Nov 15-20, Manila, Philippines. Information: Peter Vamos, Executive Director, The Portage Program for Drug Dependencies Inc, 3418 Drummond St, Montreal, PQ H3G 1Y1.

12th International Institute on the Prevention and Treatment of Drug Dependence — March, 1982, Bangkok, Thailand. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.

ALC 82, International Conference on Alcoholism — Mar 30-Apr 4, 1982, Oxford, England. Information: Dr Philip Golding, Broadway Lodge, Oldmixon Rd, Weston-super-Mare, BS24 9NN, Avon, England.

13th Collegium Internationale Neuro - Psychopharmacologicum Congress — June 20-25, 1982, Jerusalem, Israel. Information: Secretariat, 13th CINP Congress, POB 29784, Tel Aviv, Israel.

28th International Institute on the Prevention and Treatment of Alcoholism — July 5-9, 1982, Munich, Fed Rep of Germany. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.

Fourth World Congress for the Prevention of Alcohol Problems, Alcoholism and Drug Dependency — Aug 29-Sept 2, 1982, Nairobi, Kenya. Information: ICPA — International Commission for the Prevention of Alcoholism and Drug Dependency, 6830 Laurel St

NW, Washington, DC 20012.

33rd International Congress on Alcoholism and Drug Dependence — Oct 9-15, 1982, Tangier,

Morocco. Information: Archer Tongue, International Council on Alcohol and Addictions, Case postale 140, Ch - 1001 Lausanne, Switzerland.



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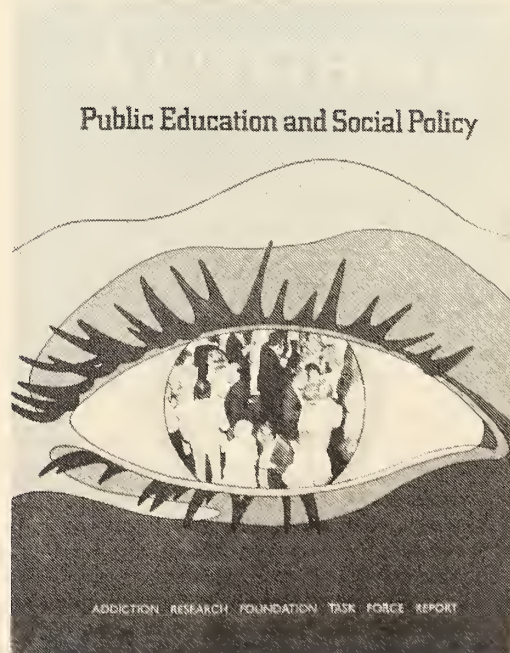
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Belfast's soldiers and youth — diametrically, paradoxically opposed

Belfast — hard times, hard drink

By Jon Newton

BELFAST — Two heavily armored scout cars, further protected by thick wire mesh screens, patrol slowly down Falls Road in west Belfast, Northern Ireland. A large calibre machine gun pokes its snout from the forward position while troops in the back sight their black SLRs (self-loading rifles) through a narrow slit in the rear door. None of the crewmen looks older than 19 or 20 years.

The vehicles halt outside a public house heavily guarded with steel shutters and barbed wire. It looks more like a fort. Outside are four or five local boys, in the same age group as the soldiers. They are very drunk. And they hurl jeers and abuse at the scout cars.

The scene is typical in this troubled Belfast. Unemployed youths, mostly from Catholic families, regularly confront British troops of about the same age. Their backgrounds are diametrically, paradoxically opposed. The civilians were brought up amidst daily violence, the soldiers were raised in peaceful towns and cities. The soldiers have the full weight of public opinion and the British Army behind them. Their Irish counterparts are mostly out of work and moneyless with no signs of conditions improving.

Life in west Belfast is hard. Jobs are few and finances are usually strained. But the men find time and money to go to the pubs, or more often, the shebeens — illegal and "unofficial" drinking clubs — which flourish in every district and estate.

Belfast, in County Antrim, saw a riot in 1864 which went on for 18 days and warranted 2,000 troops to quash it. It remains a battleground with no official war and hated by everyone, soldiers and civilians alike. Only politicians and leaders appear to get anything out of it. The lives of everyone involved are mutually threatened day in, day out. Recreational facilities away from the ever-present danger in both Catholic and Protestant areas, are as rare as a day of peace.

Soldiers who venture outside their heavily-guarded barracks know they are liable to ambush at any time. They never know if the unusually friendly Irishman or woman who talks to them as they stand guard in the doorway of a supermarket or at a checkpoint is a member of the feared Irish Republican Army.

Belfast, before the bitter Troubles, was a lovely city. Now, though many areas look as neat and tidy as any British suburb, some could be the backdrops for a war epic, so complete is the destruction. Abandoned cars, burnt out and stripped to their frames, rust everywhere and the streets are littered with the debris of conflict.

The few pubs which remain determinedly open do business between 11.30 am and 11.30 pm. Dark, rich Guinness is the

most popular drink, followed by shorts — measures of gin or whisky, or more exotic combinations like Cointreau and Cognac, mixed with lemonade. These are taken by people who can afford them, and by many who can't. Catholic families in Belfast are close-knit and support each other. If having a drink is a way of life, and a man hasn't the price of a pint, someone is sure to stand him one.

Drink is expensive, and the Irish are as well known for their love of it as they are for their troubled history. But in the Belfast of today, drinking is more than just a pleasant way to relax in the evening. Few men pass a night without downing three or four pints with their traditional chasers. Stopping at the pub on the way home from shift is seen as an almost inalienable right. Lunchtime drinking is also rife and since there are few places in which a drink can't be had at any hour, not a few workers turn up at work in the morning fortified by a drink or two.

Everyone knows everyone else in the Catholic and Protestant areas, which are often divided by 20- or 30-foot high, corrugated iron or brick "peace lines" as they are euphemistically called. Drunkenness is not seen with the moralistic eye found in most other parts of Britain. But only Irishmen can know and understand the pressures which cause so many to go so far beyond the limits.

The Irish are a race of saints and martyrs, scholars and romantics and they wax ever more eloquent as their lives become more difficult. The hunger strikers are seen as heroes and, despite press reports to the contrary, their action is widely supported in the Catholic ghettos and communities. But the strain of trying to live a normal life in a city in which gunfire no longer turns a head is immense. Every member of every family seems to feel in a very personal way the self-inflicted torture suffered by the hunger strikers.

Family doctors are seeing a growing tide of nervous complaints, and tranquilizers are freely prescribed. They also provide teenagers with an easily accessible means of blocking out the distress of being out of work.

Troops garrisoned around Northern Ireland tend to steer well clear of accepted drinking establishments. One soldier told me that although a lot of secret drinking goes on in army barracks, it isn't a problem. Nor is there, officially, a drug problem, but soldiers returning from Britain after leave frequently bring hash or other drugs with them to be used during the tense weeks of service in Belfast, the soldier said.

A drive around the city after dark is frighteningly revealing. The pubs have no lack of trade, and sports and social clubs operate in just about every street. And there are shebeens all over the city. They run on a small profit margin and are often

the only source of alcohol and/or entertainment. The police know they exist, but either turn a blind eye or permit them to become licensed. It's not rare to see police visiting the shebeens seeking out particular individuals.

Furnishings are of the apple crate variety and shebeens are set up in bombed out buildings, abandoned houses, and even wrecked and burned trailers. Drink ranges from beer and spirits to poteen, a lethal, home-made concoction made illicitly in Ireland for centuries.

Although drunkenness is rife, the numbers of intoxicated men and women on the streets are relatively few. One of the reasons is that there are so many destroyed buildings in the poorer areas, there is no lack of shelter, and a lot of drinking goes on, night and day, in abandoned structures.

Wives and children accept without question the right of the working man to his pint at the end of the shift. They almost expect to see husbands and fathers come home drunk two or three times a week. And the tradition is passed on.

"Bow" (Strongbow, a British cider), at around \$2 a bottle, is the drink of choice for youngsters, with beer following close behind. Drugs like marijuana are rare in the underprivileged areas, but tranquilizers are easily obtained from the bottles of "nerve pills" found in many homes. The men get drunk, the women resort to tranquilizers.

Not everyone here turns to the bottle for solace, but drink is unquestionably a major cause of family break-ups.

Psychiatric clinics have seen a fall in the numbers of people presenting with psychopathic complaints (possibly because psychopaths can act out their aggression with real weapons in real situations). But more and more people are going to their doctors with severe depression, alcohol problems, and a total inability to cope.

In the narrow streets in the Falls Road area, groups of boys and girls — sometimes separated, sometimes together — huddle in doorways or around the corner from public houses. They drink Bow, when they can afford it, and anything else when they can't. Or they sniff glue. Many of them limp around on crutches and one is tempted to consider the reason is a combination of too much alcohol and too many holes in the streets. Even many dogs — mostly large German Shepherds — seem to have injured legs. They too fall prey to the broken glass, the razor-sharp metal debris scattered over some estates.

Gathering statistics is a futile exercise here. The chances of reflecting the true extent of the problem are remote, particularly when the conditions which give rise to drug or alcohol abuse show no signs of abating. Casualty clinics in hospitals all

over Northern Ireland are constantly patching up victims of injuries received during bouts of drunkenness; wounds caused by drink-inspired fights are commonplace.

Yet there are no signs that The Troubles, as every Catholic Irishman or woman calls them, will be resolved in the near future. Meanwhile another generation of children is on its way — born and raised in a time when alcohol abuse and street warfare are the order of the day.

As school leavers hit the streets and are unable to work, the problems increase. And since unemployment hinges directly on the political situation, there can be little hope.

As many as half the people in some Catholic areas are out of work. Where the unemployed workforce in England, Scotland, and Wales totalled about 6.5% last year, the figure in Northern Ireland, with only about one-and-a-third million people, was more than 12% for the same period.

Young children — 10, 11, or 12 years — are the newest abusers of alcohol. Few find the sight of drunken youths remarkable, but groups of children sharing a bottle of Bow or cheap wine are also seen increasingly. The huddled figures drinking over a fire in an abandoned building, are just as likely to be 12-year-olds as their mothers and fathers.

A gambler who bet that at least every third or fourth adult here has a serious alcohol problem would win easy money, and he'd probably win if he argued that every second person drank more than was healthy. He would certainly come out on top if he wagered the most serious problem with west Belfast's younger generation is unemployment, with alcohol abuse a close second.

The picture is grim and depressing. Although some would argue it is exaggerated, a visit to the area would convince them otherwise. Drink, not violence, is the biggest killer in Belfast. And it is a problem which can never abate while the situation in Northern Ireland remains as it is.

As The Troubles continue with no solution in sight, it's possible to believe that sometime soon researchers will talk of the Irish Syndrome. It will refer to escalation of alcohol use stemming from never-ending, apparently unresolvable conflict.



The Journal

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WHO Collaborating Centre for Research and Training on Alcohol and Drug Dependence Problems

US alcohol policy panel reports

By Harvey McConnell

WASHINGTON — Programs to prevent alcohol problems in the United States should not be ignored because of prohibition and other "ghosts from the past."

This is advice given by a National Research Council panel set up at the request of the National Institute on Alcohol Abuse and Alcoholism to analyze policies affecting prevention of alcohol abuse and alcoholism.

The research council draws its members from the National Academy of Science, Institute of Medicine, and National Academy of Engineering. One of the study panel members was Wolfgang

Schmidt, of the Addiction Research Foundation in Toronto.

The panel report, *Alcohol and Public Policy: beyond the shadow of prohibition*, says alcohol problems are permanent because drinking is an important and ineradicable part of American society and culture; and "they tend to be so broadly felt and distributed as to be a general social problem, even though they are excessively prevalent in a relatively small fraction of the population."

The study contains a broad picture of alcohol use and reviews 200 years of drinking in the US. A few simple ideas have dominated and defined the problems in the past: ideas about normal drinking, of

alcohol as an addicting poison, and of alcoholism as a disease.

The report says: "In developing and applying the prevention perspective, we have been struck by, and had to resist most forcibly, the tendency to think about policy in terms of opposed pairs: dry versus wet, prohibition versus unlimited access, treatment versus prevention, good drinking versus bad drinking."

In assessing the health, economic, and social costs of drinking, the panel found it useful to distinguish between degrees of intoxication, frequency of intoxication, and cumulative consumption.

Found during the study was

"something unexpected about the location of alcohol problems in the drinking population." Most of the drinking problems, "the major parts of many particulars," are not isolated in a small part of the population.

The problems are broadly based and cannot be effectively approached except through broad, general measures.

During the past 25 years the trend in the US has been a general relaxation of restrictions on the alcohol market, including lowered purchasing age, and the gradual expansion of alcohol outlets and the hours they operate. This trend has been commensurate with increases in alcohol consumption.

Evidence about the regulation of supply induces caution regarding any more relaxation, the report says. As for taxes on alcohol, they affect prices, prices affect the quantity of consumption, and the quantity of consumption affects the health and safety of drinkers.

The panel adds: "An increased tax on alcoholic beverages has the particular effect of improving the chronic health picture (as indexed by liver failure) of the heavier drinkers — who are, it can be added, paying most of the tax increase. Therefore, we see good grounds for incorporating an interest in the prevention of alcohol problems into the setting of tax rates on alcohol."

As for the law, "the crucial elements appear to be letting the public know police are bent on enforcing the law and increasing police surveillance of night-time traffic patterns, in which most alcohol-induced deaths occur."

Such programs appear to have had measurable short run effects in reducing the number of fatal, alcohol-related crashes. However, "paying for levels of enforcement sufficient to sustain these effects, including the effort to keep these programs salient in the public eye, is apt to be costly."

The panel says the systematic extension of blood alcohol content testing to reporting systems in other areas of accident and safety research would help to reduce the range of uncertainty about the size of alcohol problems in different areas. It would also permit concentration on preventive measures that are most likely to have significant effect.

The panel concludes: "We are convinced that the regulation of supply, legal and pedagogical approaches to drinking practices, and intervention in the environment mediating between drinking and certain of its consequences, represent valid approaches with promise for sustained improvement."



TOUGHER ACTION on drug abuse by athletes, and the 1988 Winter Olympic Games in Calgary, are current priorities of the International Olympic Committee, agree IOC director Monique Berlioux, president Juan Antonio Samaranch, and Richard W. Pound, Canadian Olympic Association president.

IOC promises to tighten drug laws

By George Young

BADEN BADEN, WG — The International Olympic Committee (IOC) has promised to tighten its drug abuse laws, and attempt to set up a more elaborate detection network around the world.

Twenty-five-year-old track star, Sebastian Coe, speaking for 34 athletes invited here to attend the 11th Olympic Congress, called for the life ban of anyone associated with the illegal use of drugs in sport.

IOC medical commission chairman, Prince Alexandre De Merode, has promised to try to establish more laboratories in "reliable and neutral" centres in the world.

"It's an enormous problem that involves less than one or two percent of the athletes in the Olympics," said Dick Pound, member of the IOC, and president of the Canadian Olympic Association. "But those one or two percent do derive an unfair advantage, and expose themselves to unknown dangers. I think it's a dehumanizing experience to be experimented upon for somebody else's glory."

The Canadian Olympic Association doesn't have a medical commission. There also isn't enough sophisticated equipment in Canada to test athletes adequately.

"We haven't really gotten into it," explained Mr Pound after listening to the concerns of the athletes, coaches, and other Olympic officials.

"I don't think it's that much of a

problem in Canada. I think any use of doping in Canada has been a reaction to what has been done elsewhere. The people who have used steroids have done so because it's obvious that everyone else in

their event is using them, and if they don't use them they're at a disadvantage. If it's not used by other countries, Canadians will be backing off it very quickly," he added.

EAPs score badly on trouble at home

By Rhonda Birenbaum

OTTAWA — The most neglected employees in the occupational alcoholism field are the working family members of alcoholics, according to the coordinator of the Royal Bank of Canada's employee assistance program (EAP).

Don Baran told the 4th Biennial

Canadian Conference on Alcohol and Addiction Problems in the Workplace here: "If the EAP is excluding families, it's missing close to 50% of its potential benefit. A person cannot come to work knowing there's a major problem at home and not show some productive impairment."

Many of the home-based prob-

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NEWS

Briefly...

Peri-dinner drinks

LONDON — How have the British been coping with the economic crunch? By taking to the bottle, suggests *The London Sunday Times*. According to Lloyds Bank statistics, since 1970 retail prices have risen 260%, houses 440%, and commuter tickets 550%. But while per capita spending on food has risen only 4% during the same time, alcohol sales have shot up 45%. "We are, it seems, drinking so much there is little time left to eat," comments the newspaper.

Pills better

ANN ARBOR, MI — A pre-op shot of tranquilizers can backfire, causing enough stress in some heart patients to set off "potentially life threatening arrhythmias," a University of Michigan study has found. For certain patients, recommends Dr Steven Slack, author of the study, a pill rather than an injection should be considered. Of the oral tranquilizers, a second Michigan study concluded that lorazepam (Ativan) was more effective than diazepam (Valium) in producing lengthy sedation and in reducing patients' recall of events before surgery.

Bartered bottle

WARSAW — Teetotalers and non-smokers are swelling the line-ups for weekly cigarette and alcohol rations in Poland because the luxury items are valuable in bartering for food.

Jelly bean smoke

TUCSON, ARIZ — Tobacco dealer Sid Taiz is hoping to find a pipe smoker in Mr Reagan's cabinet to whom he can send a complimentary sample of the jelly bean-flavored tobacco he's concocted in honor of the President. Unfortunately, the peanut-flavored tobacco he developed earlier never caught on.

Six-pack bubbly

CALIFORNIA — This month — just in time for the holiday season — Weibel Vineyards begins marketing six-packs of 6.3-ounce bottles of champagne. "We want to take advantage of the growing sophistication of the consumer by making champagne an accessible alternative to beer," Peter Wolf, the company's marketing vice president told the *New York Times*.

Pot fields

RICHMOND, VA — Using helicopters, airplanes, and informers, Virginia police spent the summer scouring the countryside for large marijuana farms, finding "one good field" of 500 to 15,000 plants per week. Most of the farms were in isolated areas, had processing facilities nearby, and were rented by out-of-state farmers. By September, as reported by the *New York Sunday Times*, thousands of pounds of pot had been seized and several people arrested. "The more we looked, the more we found," said one narcotics agent. The penalty? Five to 15 years imprisonment.

Budget cuts change nature of institute

NIAAA shrinks, DeLuca resigns

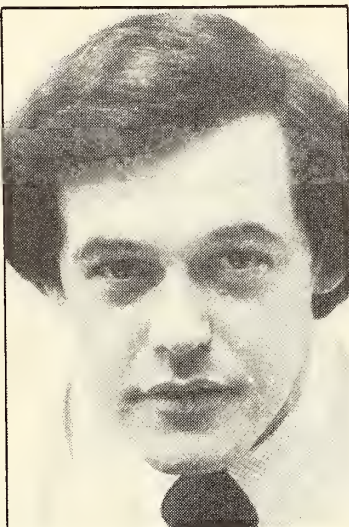
By Harvey McConnell

WASHINGTON — Reduction of the United States National Institute on Alcohol Abuse and Alcoholism (NIAAA) to a small research agency was the signal for John DeLuca to resign as director.

Mr DeLuca, who left October 31, said that when he was appointed to the job two and a half years ago by Joseph Califano, "we were a major, complex institute and we were clearly the number one organization in the public health service."

"Today the budget has been cut from \$200 million to \$32 million in 1982 and NIAAA will become a small, infant research organization. I felt that under these circumstances it needed a different kind of management."

Mr DeLuca pointed out that in



DeLuca: 'we were number one'

its 10-year history, NIAAA has become vital in delivery of treatment and services to those with alcohol

problems. The future is cloudy, he said.

"Poor people without resources seeking alcoholism care are going to be in serious trouble unless the states manage to deal with them. A major question is whether the states will maintain a commitment to programs," Mr DeLuca added.

Without service facilities, people are going to wind up in hospital beds and this situation must be looked at squarely by public health officials.

"In pure budget terms, it is going to be very costly," Mr DeLuca added.

Mr DeLuca said the research programs now directed by NIAAA could become "an exciting challenge" but it may be a difficult task to maintain the institute's leadership.

He said that in the budget cuts

hundreds of people are being axed within the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), and another 600 shuffled around among the various institutes.

"Because of the system of seniority the institute directors have no choice over who stays and who goes, and a lot of bright, capable, and promising people are going to go. This can't be done without some long term negative effects."

Loren Archer will once again become acting director of the institute, a post he held between the resignation of Dr Ernest Noble and the appointment of Mr DeLuca.

Worker aid

(from page 1)

blems are manifest in job problems and health problems affecting the job, says Mr Baran. Most of the job problems centre on absenteeism, tardiness, moodiness, poor interpersonal relationships and poor attitudes. Frequently the troubled employee makes regular visits to the medical department for headaches, colitis, and other stomach problems. Eventually they can become compulsive workers whose work day is an escape from their chaotic home life.

The Royal Bank's EAP, "Access," extends coverage, counselling, and referrals to its employees who are affected by the chemical dependence of another family member. The employees who have spouses or children with alcohol or drug problems comprised up to 40% of the clients who sought help from Access in its first year of operation, said Mr Baran. The average length of service these employees have given the bank is 12.5 years. There is a large manpower investment at risk, he said.

Recently the Access program began to send information to the families of all Royal Bank employees in anticipation that those in need would seek help on their own. Since this outreach plan started, Mr. Baran has received a number of calls from spouses and children long before the actual troubled employee appeared for counselling. The bank also grants paid leave for its employees who must accompany a spouse on a treatment program for chemical addiction.

The program benefits the employer, in the end. Human resources are the most important components of business. Troubled employees cost the bank between \$13 and \$30 million a year in short term (less than three days at a time) absenteeism. "That's an average of three to six days of absence per employee per month. It doesn't take very many recoveries to impact the company in terms of money recouped with the increasing productive capacity of these (troubled) people," he said.

"The need exists for business, industry, government, and other organizations, through their EAP, to devote time, energy, staff, and money to deal with the employees whose lives are affected by alcoholism." Considering that 83% of the people Access has helped are now well and working, several of them in senior management, Mr Baran concluded: "The potential cost savings to employers is substantial. At the Royal Bank, the EAP costs less than six dollars per person per year to save several million."

Atlantic Canada to launch media blitz on alcohol/drugs

By Pat Ohlendorf

TORONTO — Beginning November 22, Atlantic Canadians will be exposed to a week-long blitz of media messages and community activities designed to heighten public awareness of the dangers of drugs and alcohol.

Drug Awareness Week in Atlantic Canada, sponsored by the four provincial agencies for drug and alcohol abuse, with additional financial support from Ottawa, aims at the whole gamut: alcohol, marijuana, illicit drugs, and pharmaceutical products.

"We pull out all the stops for a full week," Marvin Burke, executive director of the Nova Scotia Commission on Drug Dependency, told *The Journal*.

"The Nova Scotian or New Brunswicker or Newfoundlander or PE-Islander sitting in his home town begins to sense that not only is this an important event for himself, but the whole region is involved. He begins to feel part of something larger."

This year's combined effort grew out of successful but separate drug awareness weeks held last year in Nova Scotia and New Brunswick. After the official week, both commissions received many more requests for information, and treatment centres experienced sizeable increases in voluntary admissions.

During the week itself, public response was sometimes overwhelming. Ed Thomas, executive director of the Alcoholism and Drug Dependency Commission of New Brunswick, reports that during an open house at one treatment centre, from 300 to 400 visitors showed up. "They were literally coming in on school buses. We were almost shocked at the response," he told *The Journal*.

"In the field of addictions," he continued, "you become frustrated from time to time, thinking that people out there don't care. When something like this happens, you realize there are a lot of people who, with a little jolt, turn out to be very concerned."

To Mr Burke, one of the pluses in Nova Scotia was "raising the awareness of people to drug and alcohol problems so that we were able to do follow-ups with smaller

groups — to do some in-depth drug education work."

Both Mr Burke and Mr Thomas give much credit for the success of last year's campaign to the efforts of the media: local radio and television stations that put on "talk-back" programs and local newspapers that devoted full sections to Drug Awareness Week.

This year the four provincial premiers will kick off the week with a joint proclamation (on parchment skin). The provinces will share certain media messages and a common theme for the week: personal responsibility for alcohol and drug abuse — How can I help deal with this problem for myself, my family, and my community?

But success will depend upon local activities by schools, churches, service organizations, local newspapers, radio and TV stations, and, in Nova Scotia, the enthusiasm of the commission's network of 30 rural volunteer committees.

"With community networks you can develop a very successful campaign at the local level with few resources," Carol Amartunga, coordinator of the human resources division of the Nova

Scotia Commission, told *The Journal*. "We have finite resources in the prevention area, but there's tremendous potential using human resources."

Health and Welfare Canada, in addition to supporting the alcohol part of the campaign through Dialogue on Drinking resources, will send "moral support" via senior scientist Donald Smith, Canada's representative on the United Nations Commission on Narcotic Drugs. Dr Smith will lecture at universities and to the public about Canada's involvement in the international drug control scene.

"I think it's quite a feat to see four provinces getting together and doing something of this scope," Mr Thomas said. "It's gratifying that there is such good cooperation."

If four provinces can do it, why not 10?

"As a former president of the Canadian Addictions Foundation," said Mr Burke, "let me put a bug into their ear: this is the kind of program that CAF could very well take up. We could still do our own thing, but it wouldn't hurt to work through them."

'Safe' level of alcohol is dangerous to women

JERUSALEM — Assuming that a safe level of alcohol intake for a man is also safe for a woman is dangerous, says a United States alcoholism counsellor, because of the difference in men's and women's metabolism.

"The same 'safe' level of intake is taken for men and women," says Sheila Blume, of the New York State Division of Alcohol and Alcohol Abuse. "But women have been found to have a different response to alcohol compared to men."

The dose response curve of women tends to be unpredictable, so higher peaks of blood alcohol may be obtained for a given alcohol intake, and this is particularly the case in the premenstrual period, she said here at the In-

ternational Congress on Drugs and Alcohol.

In studies by Ben Jones, director of the New York State Research Institution on Alcoholism, women have noticed alcohol seems to have a greater effect on the premenstrual period, getting them more drunk and making them sicker.

Dr Jones attributes this partly to an antidepressant effect of alcohol and estrogen. Both of these appear to inhibit production of monoamine oxidase (MAO) and thus act like the monoaminoxidase inhibitor antidepressants.

However, in tests where blood alcohol was given to women in the premenstrual period, and when they were actually menstruating, blood alcohol levels were found to be higher in the premenstrual phase.

NEWS

On-duty alc/drug use still plaguing US military

By Michele Kogstad

WASHINGTON — Drug use among United States armed forces personnel on duty in Western Europe is high and the services' drug and alcohol programs are failing to do much about it, a study for Congress shows.

A survey of 1906 servicemen at 22 locations in Italy and West Germany in June and July found on-duty drug use was 49.27% in the Navy, 42.66% in the Army, 34.68% in the Marines, and 17% in the Air Force.

An extreme example was found on the giant carrier USS Forrestal. Among the four lowest enlisted grades, there was slightly more than 60% on-duty drug use, mainly of cannabis and "uppers," the task force of the House select committee on narcotic abuse reported.

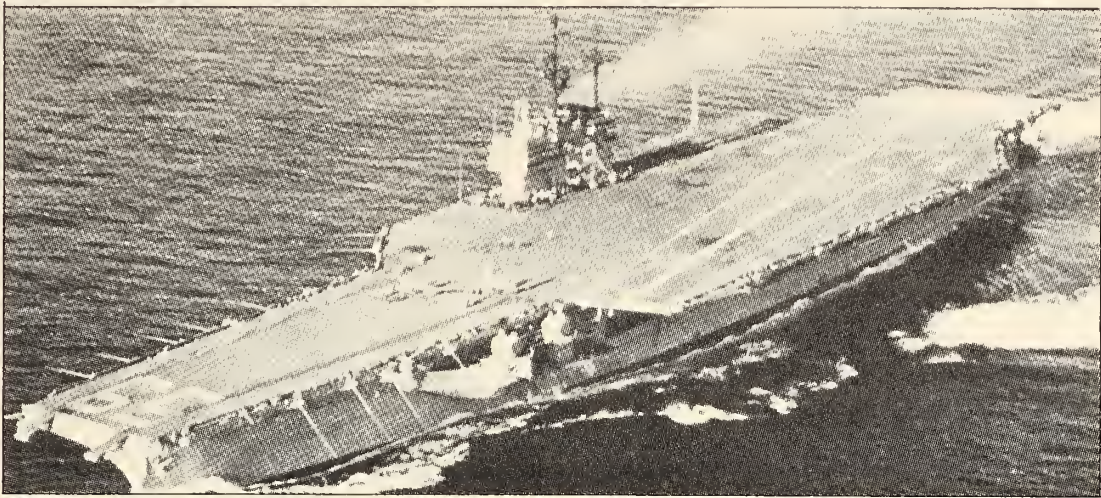
On-duty use of alcohol was 28% in the Army, 20.95% in the Navy, 19.4% in the Marines, and 15.7% in the Air Force.

A similar survey was carried out only in the Army by the select committee in 1978. The new report notes that while it does not consider the current findings "unchallengeable," they are consistent with findings in other studies conducted by the department of defence and the National Institute on Drug Abuse.

The report says: "Throughout the survey, all data appear to indicate that the Army and Navy drug and alcohol treatment programs have failed in carrying out their primary mission: reduction of levels of substance abuse within the military and effective treatment and rehabilitation of individuals identified as substance abusers."

Although the task force says it considers military drug suppression and interception of supplies is still inadequate, it admits that, comparing 1981 with 1978, the Army has done well in West Germany in suppressing hard drugs.

Representative Leo Zeferetti, chairman of the House committee, points out that while President Reagan's administration wants to pour \$226 billion next year into weapons systems, there is a need



USS Forrestal. slightly more than 60% on-duty drug use, mainly of cannabis and 'uppers.'

to take care of the people who man the systems.

"If this problem is as real and as urgent as we think, it is then a priority, and a priority amount of dollars has to go for intervention, treatment, and prevention."

Marijuana and hashish are considered easiest to obtain by all servicemen. On the other hand, heroin is considered much harder to obtain than it was four years ago: 50% found it easy in 1978, but only 19% today.

(The study points to an apparent contradiction in heroin availability. Both West German officials and the US Drug Enforcement Administration have reported increased availability in Western Europe of Southwest Asian heroin.)

Harder to find today are cocaine; "uppers" (amphetamines, and other central nervous stimulants); "downers" (barbiturates, tranquilizers, methaqualone, and other non-opiate central nervous system depressants); PCP; and other drugs such as LSD and peyote.

The report indicates that different ranks in different branches of the services have different perceptions of the availability of drugs.

In the Navy, for example, the lower enlisted ranks thought drugs were easy to obtain, whereas those of the higher enlisted ranks thought they were hard to find.

The Army was the reverse: non-commissioned officers considered drugs easy to get, while the lower grades thought they were hard to find.

Drugs most often used on duty by the Army sample were marijuana (38%) and alcohol (29%). For the Navy the most used drugs were

marijuana (41.68%) and "uppers" (27.05%).

The survey found that in the Navy 20.95% drank while on duty. This may help to explain figures recently released by Representative Joseph Addabbo, chairman of the House defence appropriations committee, on Navy plane

Women, teens targets of US anti-drink ads

WASHINGTON — Public service announcements for television and radio aimed at women and teenagers will be released in January by the United States National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Spots for pregnant women, produced in English and Spanish, have the theme "For baby's sake and yours, the safest choice is not to drink." Young women asked "How to say no to another drink," are told "Any way you want to."

The teenage spots are targeted at young male drivers and the theme is "Get smart. Don't drink and drive."

The spots are part of NIAAA's public education campaign and are in direct response to a request by Congress that the institute

focus on campaigns among women and young people.

David Boorkman, who directed research and production of the commercials by two firms under a NIAAA contract, said state alcoholism authorities will be directly involved in placing the spots at local TV and radio stations, as well as national organizations with strong affiliates across the nation, such as the YMCA, 4-H, and others.

"The emphasis is on translating a national effort into a local campaign, because you might have great material, but if nobody sees it you're dead," Mr Boorkman said at a preview of the spots. A total of 12 television and nine radio spots has been developed.

crashes. Representative Addabbo said it has been found alcohol contributed to between 15% and 20% of the Navy's 128 major plane crashes in 1979.

The pilots in at least five cases, and possibly as many as 22 cases, were hung over, even though they were prohibited from drinking 12 hours before flights.

The task force asked all of those questioned to evaluate the "credibility and visibility" of alcohol and drug treatment programs within their service. Most of them rated treatment programs only "fair" or "poor": Army 78%; Navy 73%; Air Force 65%; and Marine 63%.

Drug abuse among personnel with current or prior contact with a service treatment program was higher than drug abuse within the overall service population. "This high incidence of substance abuse for people with treatment experience is especially severe in the abuse of drugs on duty," in both the Army and the Navy.

Counsellors in treatment programs repeatedly told task force members their clinical recommendations are seldom followed up by unit commanders.

When asked, many servicemen expressed ignorance of treatment programs or facilities open to them, as well as ignorance of the manner in which they could seek clinical help with minimal disruption of their careers.

In the Army, daily use of cannabis has remained unchanged, although overall marijuana/hashish use may have declined slightly between 1978 and 1981. In 1978, 16% used marijuana daily compared with 16.1% in 1981. Almost 12% of the Marine sample and 25% of the Navy sample acknowledged daily marijuana use.

Drug abuse within the Air Force continues to remain lower in all categories. Although the task force interviewed only 100 airmen at Ramstein Air Base, the findings are consistent with other studies of the Air Force.

Most of those questioned were aged 18 to 25 years, the group in the United States population which has the highest illicit drug use.

A name is a name is a budget consideration

By Wayne Howell



According to reports, the most pressing issue at the August 1981 conference of the US National Association of Alcoholism Counselors (NAAC) was the name of the organization. For five days the delegates argued the merits of changing the name to the National Association of Addictions Counselors.

On the first day they voted 23 to nine in favor of the change, but on the next-to-last day they voted 33 to one to retain the original name, out of fears that the word addictions would imply that they sometimes dealt with junkies, speed-freaks, lude-lovers, and assorted other riff-raff which, they felt, would lower the esteem of the NAAC in the eyes of the bureaucrats who will be doling out the funds under the new block grant system.

It appears they were banking on the fact alcoholism will continue to be recognized as a medical and social problem by the

Reagan regime because various manifestations of it continue to appear at the 19th hole of suburban golf courses — but there's no telling what kind of funding priority will be given to the problems of addicts who may be on their way to becoming non-persons in Monetarist America. (A junkie who ODs on a tenement staircase is not unlike Bishop Berkeley's tree falling in a distant forest; Bishop Berkeley argued that the tree existed even though no human eye perceived its fall, because it was perceived in the eyes of God — but Milton Friedman wears thick glasses and only sees what he wants to see.) Prudence dictates, therefore, that you'd better not admit you associate with "addicts," not even on a part-time basis.

One would have thought that the 33 to one vote would have settled the issue, but it didn't. On the last evening of the conference die-hard "Addictions" buffs raised the issue again, forcing the NAAC board to schedule it as the first item on the agenda of its 1982 conference.

It is to be hoped that at that time the NAAC doesn't take the vogue term "substance abuse" to its bosom and become the National Association of Substance Abuse Counselors (NASAC). "Substance abuse" does avoid all pejorative conno-

tations and it takes in everything from cigarette smoking to glue sniffing. But that's the trouble with the term — it takes in too much. A substance can be any matter or material, and one can make a perfectly sound argument for labelling George Washington a substance abuser because he chopped down a cherry tree with his hatchet, notwithstanding the fact that in later years he grew quantities of hemp on his Mount Vernon farm despite an apparent lack of need for marine rope.

But more to the point, the attitude of the Reagan administration on such matters as acid rain and industrial pollution controls suggests that it is in favor of abusing such substances as air and water. In view of this predilection for substance abuse, it would appear inopportune for the NAAC to choose a name that implies the organization's purpose is to counsel against such activity.

Since the Reaganites are big on individual responsibility and people pulling themselves up by their own bootstraps — notwithstanding that this is a rather difficult trick to pull off if you are so strapped you don't even have any boots — the NASAC (National Association of Self Abuse Counselors) might appeal to them. The trouble is, that term has already been spoken for. In view of this, I suggest that

the NAAC consider changing its name to NAEACC (National Association of Eccentric Auto-Consumption Counselors). OK, you say, what's so good about that? Well for starters we now have a collection of six letters instead of four — which will impress politicians and bureaucrats alike — and we also now have an acronym, which will impress them even more. (The first order of business on the NAEACC convention agenda will be, of course, a debate on the merits of pronouncing the new improved name of the organization as "knee-ak" as opposed to "nigh-ak." I would argue in favor of the latter. "Knee-ak" might be associated with "knee-jerk" in some people's minds and this raises the spectre of the dreaded "knee-jerk liberalism." If the imbroglio over the substitution of the word "addictions" for "alcoholism" at the 1981 NAAC conference has taught us anything, it is that you cannot be too careful in these difficult times.) What makes NAEACC appealing is that "addicts" are not mentioned and, for good measure, neither is alcohol or any other substance. "EAC" could be a new military device of some sort; in fact, if such a rumor were to be disseminated in White House and congressional circles, the appropriations for EAC might easily exceed the wildest dreams of the NAAC.

NEWS

National guidelines essential for good, credible EAPs

By Rhonda Birenbaum

OTTAWA — The lack of formalized, national employee assistance program (EAP) guidelines means many EAP workers are impotent in their capacity to deal with troubled workers, according to an Alberta psychologist and trainer in the addictions field.

Calling for a national organization of EAP advisors and counsellors, Peggy-Anne Brown (PhD) said the "idiosyncratic" development of EAPs and the "haphazard" training of advisors is hindering both the credibility and the effectiveness of these programs.

"I am concerned that if we are going to develop EAPs and have them proliferate on local and provincial levels, we need ethical codes of behavior and recognition of the EAP worker as qualified and competent," she said at the 4th Biennial Canadian Conference on Alcohol and Addiction Problems in the Workplace here. "The formation of a national organization now might be helpful to address these concerns."

Since each EAP worker is responsible for the entire EAP system, Dr Brown believes all must share the same standards appropriate to the group. "It is important that explicit operational codes are adopted by all workers

in EAPs," she said. "We need some sort of standardization of training and of functional guidelines."

Currently EAP workers enter the field by very different routes; some are professionals, some para-professionals, others simply appointed by their supervisor at work to act in this ancillary function to their primary job. These people are all trained in different ways and carry different ranges of credibility and expertise, Dr Brown said.

"This is not the way to meet consumer expectations for the best service possible. The consumer is best served by a group whose conduct is both defined and accountable." She considers it a serious drawback that EAP workers now operate without any self-regulating group which has authority to enforce a standard of ethical behavior.

This lack of credibility and standards also means professional counsellors and agencies to whom individuals are referred by EAP advisors will be reluctant to cooperate. "The EAP worker must be recognized as a qualified worker first," she said. According to Dr Brown, vague value systems, inadequate job descriptions, and inconsistent training does nothing to improve the public image of EAP workers.

"We need to define the EAP role and define qualifications to ensure trust," said Dr Brown.

She envisions a "professional" organization — similar to any business and disciplinary body already existing for various other professionals — as necessary for EAP workers.

"A national association would go far to establish an identity for EAPs. It would develop policies and regulations and a national code of behavior. And it would be a registering body with authority."

Dana Annett, an EAP consultant with the Alcoholism Foundation of Manitoba, said she is also concerned that any further delay in defining the notion and qualifications of "EAP worker" will mean companies where such programs have already been established will suffer. "We've got to establish what an EAP program is to guarantee we're doing something good, not hurting anyone."

Ms Annett is a member of an informal EAP association formed in Manitoba. This group encourages all new EAP workers to join its monthly "experience exchange," she said. "We've come to some sort of understanding of what is and isn't working and we pass that information on to other people working in the field. Even-



Brown: 'idiosyncratic development and haphazard training.'

tually we have to discuss what it will mean to belong to an EAP association. Now an EAP is anything from one person who sits around and gets referrals, to full health centres with consultants on staff. It's too haphazard and inconsistent."

Lacking are policies that con-

sider such issues as jurisdiction, personal vs public client information, how to make judgements, the ethics of confidentiality, and regulations on behavior. Both Dr Brown and Ms Annett agree: "The national association would go far to give credibility to the EAP and its workers."

It may be main cause of alcoholic relapse

PAW is subtle and too often undiagnosed

By Paddy Neustatter

JERUSALEM — Post acute withdrawal (PAW) syndrome is "possibly the primary cause of relapse in alcoholics," but "it often goes undiagnosed," says a United States treatment specialist.

The acute withdrawal illness in alcoholics is well recognized; it lasts from three to 10 days and produces agitation, tremor, delirium, stupor, hallucinations, and possibly convulsions, said Joseph Troiani, director, Alcohol Center and Education Program, Loretto Hospital in Chicago.

What is not well recognized, however, is the PAW syndrome, he told the International Congress on Drugs and Alcohol here.

"This secondary withdrawal syndrome is far more subtle and often goes undiagnosed," he said.

The PAW syndrome represents reversible brain damage and principally affects thought process, memory, and emotion so the patient is confused with poor attention, has difficulty retaining memories for more than 15 to 45 minutes, and either overreacts to stress, or, as a defence against this over-reaction, "turns off."

Specific symptoms may include: sleep disturbance; anxiety not related to any notable cause; digestive disorders including "upset stomach," nausea, anorexia, and colitis; generalized muscle tension; headaches; and raised blood pressure.

The syndrome increases in severity over the first 10 to 15 days and may last up to 18 months, said Dr Troiani, but with abstinence and proper stress management it subsides and becomes manageable.

Over-reaction to stress is a particular feature, and "continued mismanagement of the PAW syn-

drome results in a chronic state of anguish," he said.

Treatment requires specific retraining of impaired neurological function — in much the same way as a stroke victim's neurological function is retrained.

There are, however, two needs before retraining can be achieved. One is some means of pinpointing the impaired function, and the other is some means of detecting response when attempting to rehabilitate.

To achieve this, self-regulation training and in particular biofeed-

back are being used at the Loretto Hospital. These "may provide the needed breakthrough," said Dr Troiani.

Biofeedback can be used to monitor such modalities as skin temperature, EEG, and muscle tension to treat various, often stress-induced, conditions. A blood flow monitor (plethysmograph) is used to monitor blood pressure, and a penile erection monitor has been used to treat the impotence that alcoholics may get.

By use of some visual or auditory signal, the intensity of

which varies depending on how well the patient controls his or her neurogenic function, muscle tension, or blood pressure, for example, it is possible for the patient to learn self-regulation.

"This all started in 1974 when emerging new technology made biofeedback training possible," said Dr Troiani, and this coincided with the delineation of the PAW syndrome.

Management of stress is important as the drinker has learned to use alcohol to control it, and is in danger of relapsing if it is not

controlled. Furthermore, giving up drinking is in itself stressful, both because of the withdrawal of the specific relaxant and the general shake up in the life of the alcoholic — which may unmask other family tensions. One biofeedback clinic found 30% of clients were spouses of alcoholics.

Studies of treatment by other workers on the efficacy of biofeedback have shown a reversion from demonstrable neurophysiological impairment to no impairment after 28 to 34 days' treatment in patients suffering from PAW syndrome, said Dr Troiani.

Smoking — a way to control arousal?

JERUSALEM — Nicotine provides smokers more than just relief from withdrawal, believes John Golding, a psychologist from Cambridge University, England.

It is used by smokers who have arousal control problems, either to stimulate or to depress arousal; when they attempt to stop smoking these smokers may resort to other drugs or overeating unless some other healthy arousal control is provided, he says.

Many factors are, or are claimed to be, involved in the motivation of smoking: genetic, orality/psychoanalytic; and social.

However, nicotine appears to be important, and may be working in one of two ways, Dr Golding told the International Congress on Drugs and Alcohol here.

It may bring relief from nicotine withdrawal symptoms, which is postulated to be due to receptors in the central nervous system that become adapted to nicotine. When blood levels of nicotine fall below a crucial level, then the receptors

signal "punishment."

This is analogous to the administration of opiates to abolish the craving that opiate receptors in the CNS (central nervous system) produce in acute withdrawal, and it is even postulated smoking may lead to the release of endogenous opiates in the brain.

This nicotine addiction theory is supported by the fact smokers suffer an acute withdrawal syndrome consisting of irritability, lethargy, depression, increase in appetite, and increase in blood pressure and pulse rate, and by the fact they appear to smoke to maintain a fairly constant nicotine level.

In experiments where nicotine content is varied, it has been found the smoker varies the vigor with which he smokes, and "appears to be able to maintain plasma nicotine levels within fairly tight limits," said Dr Golding.

This fact has called into doubt the value of manufacturing "low nicotine" cigarettes.

But as an alternative or in addition to the addiction theory is the idea of "arousal modulation," which postulates that nicotine is

Liaison chief

REGINA — The task of linking Saskatchewan schools and communities in alcohol and drug abuse prevention has been given to Gerry Kleisinger, the first head of the provincial department of education's alcohol and drug education liaison program.

Mr Kleisinger has been director of education for the Alcoholism Commission of Saskatchewan for the past four years. The schools-communities programs come from the "safe graduation" program promoted by the provincial government and will try to prevent alcohol and drug use in schools.

Mr Kleisinger said his aim is to construct a network of organizations which can assist in delivering effective programs.

used to increase arousal from a low level and decrease arousal from an unpleasantly high level.

This is accounted for by the biphasic effect of nicotine which in a small dose acts as a stimulant but in larger doses produces a blockade.

Smokers who use nicotine in this way are those who appear to have trouble controlling their own arousal. They are liable to seek other drugs, such as caffeine, to act as a stimulant or alcohol as a depressant if smoking is stopped. (Doctors in Britain are giving up smoking and cigarette-related deaths are falling — but alcohol-related mortality is taking its place.) Overeating may also be used as an arousal control substitute.

It may be that these "arousal modulation" smokers need some other healthy mood control agent, said Dr Golding. He suggested yoga or biofeedback, for example, for over-arousal, and sport for the under-aroused.

NEWS AND COMMENT

Cut-off point is probably too low, say researchers

Heavy drinker label may stretch truth: study

By Austin Rand

OTTAWA — A study of the link between occupation and alcohol consumption shows that nearly 60% of male journalists and 50% of male academics in Ottawa drink every day, with an average of two or three drinks per drinking occasion.

Does this bear out the stereotype that journalists are members of a hard-drinking profession, and does it indicate that professors may deserve the same description?

"Only to a very limited extent" is the answer to both questions, say sociologists Ronald Cosper of St Mary's University, Halifax, and Florence Hughes of Carleton University, Ottawa, authors of a report which will be published in the *Journal of Studies on Alcohol*. Their report provides data on the alcohol consumption patterns of 25-member samples of male jour-

nalists, professors, and accountants from Ottawa and an 84-member sample of United States naval aviators.

"One thing that we are arguing in this paper," Florence Hughes told *The Journal* in an interview, "is that the cutting point is probably too low in designating heavy drinkers. By standards currently in use, many of the people in this study who don't have problems with alcohol would be designated heavy drinkers. In most government reports on the health of Canadians, fourteen plus drinks a week would be a heavy drinker. If this is taken as two drinks a day, every day, which a lot of people do, it is doubtful that this really adds up to a drinking problem.

"For example, if you think of going out to dinner on Saturday night, there would probably be a drink before dinner, wine shared by two people with dinner, the brandy after dinner, that's seven or eight drinks already. This really isn't problematic drinking

at all, it just indicates a life-style in which drinking does not cause any other problems. We think that people are too quick to designate heavy drinkers."

Heavy drinking in the Ottawa study was defined by a sliding scale of frequency and quantity, first used by Don Cahalan in analyzing US drinking.

If the person drank every day, as nearly half the Ottawa professionals did, two drinks most days and five or six drinks once in a while would place him in the "heavy" category. The same would be true if the person drank only a few times a week but usually had three or four drinks, and occasionally five or six, or if he drank only two or three times a month but always had at least five or six drinks.

Taking this approach, 31% of the journalists were heavy drinkers, versus 18% and 13% among the accountants and professors respectively.

When moderate and heavy

drinking categories were combined, 54% of accountants, 63% of professors, and 71% of journalists were accounted for.

Despite the extensive alcohol use, problem drinkers were rare, Dr Hughes said. She grants that many respondents may have minimized their drinking somewhat but doubts that the approach used in the study — questionnaire plus extended interview — allowed problem drinkers to go undetected. Similarly, she said, it was unlikely that problem drinkers were missed by biased sampling — the response rate in each professional category of the Ottawa study was 95%.

Data provided in the study also indicated that high-status American men may be heavier drinkers than their Canadian counterparts. Using the same consumption scale, 21% of the Ottawa professionals vs 28% of high-status US men were in the "heavy" category.

"What we have shown," Dr Cosper says, "is that though there is a trend toward heavier drinking in journalists and professors than in accountants, it is not due to a small group of heavy drinkers. It is, rather, a general occupational pattern that doesn't necessarily involve large amounts of alcohol. It looks more like regular drinking as opposed to drunken activity."

Leaving aside the possibility that occupational variations in "stress" influence drinking patterns, Drs Cosper and Hughes say that drinking is promoted not only by a work environment which regularly includes alcohol, but also by lack of a clear separation between work and leisure.

"We are hypothesizing that occupations in which it is difficult to distinguish between work and leisure tend to make more use of alcohol. This is true, in our study, both for the military officers and for the journalists. The drinking helps to redefine the extra work as leisure."



By Richard Gilbert

GILBERT Smoking research at ARF

Foundation. The third reason why ARF ignored tobacco use was institutional inertia. Research into smoking was not glamorous. There was little incentive to divert resources from the familiar focus on alcoholism, or to fight for new money for an enterprise that did not seem capable of catching the public's eye.

A pressing concern

Things began to change in the early 1970s. The thinking about drug use was being done increasingly by or in collaboration with psychologists who were becoming impressed by what the various dependencies had in common. Each year ARF must justify its research budget before the Joint Research Review Task Force, which advises the Ontario Ministry of Health as to how available funds should be distributed among the province's statutory research foundations. The 1975 budget presentation noted that research into the addictive aspects of tobacco was a pressing concern that required immediate attention, that ARF was making every attempt to address the problem, but that the work could not proceed because of a lack of facilities, staff, and funds.

Abstinence study

By 1977 reorganization of existing resources had allowed planning of a major project that got under way in the following year. Marilyn Pope and I studied the effects of a cigarette-free day on the behavior and physiology of 20 heavy smokers. We found that the abstinence caused large changes in hand tremor, heart rate, and skin temperature.

Most interesting were the effects of this relatively brief abstinence period on craving for cigarettes and on eating. Our women subjects were inclined to crave less than the men when they could smoke, but more when cigarettes were not available. Other studies have noted that women find it more difficult to quit smoking than men. Our work suggests that increased craving for cigarettes may be the cause; but, of course, this just begs the question as to why they might crave more. The subjects in our study ate more while abstinent, but only between meals. They ate less at regular mealtimes. They could snack on both peanuts and candy when they wished. Contrary to popular belief, they did not prefer candy more while abstinent: the increased nibbling was shared equally between both kinds of snacks.

We found that few subjects reported their first cigarette after abstinence as pleasant. Women, especially, became dizzy or lightheaded. These and other findings about the mechanics of quitting could be of considerable value to quitters, would-be-quitters, and those who advise them.

Prodigious output

During 1978, research on smoking at ARF really took off with the appointment of Lynn Kozłowski as ARF's first full-time researcher on smoking behavior. Assisted by Marilyn Pope, his output has been prodigious during the past three years. One focus has been the specifics of smoking behavior, particularly the use of low-tar cigarettes. The low yields of most of these cigarettes are achieved by the inclusion of ventilation holes in the filters. These holes permit substantial dilution of the inhaled tobacco smoke. Dr Kozłowski has carefully documented how smokers block the holes with lips, fingers, or even tape, often unconsciously in the first two cases. The result can be a doubling of the nicotine yield, a tripling of the tar yield, and a quadrupling of the yield of carbon monoxide.

A related line of research has examined how yields of these substances vary with the number of puffs taken at a cigarette. Dr Kozłowski has concluded that many of the reductions in yield highly touted by manufacturers in recent years may have reflected no more than the fact that modern cigarettes burn faster. As a result, fewer puffs are taken from them by a standard smoking machine. This does not mean that smokers take fewer puffs. Indeed, there is evidence that the switch to lower-yield cigarettes has been accompanied by more puffing at each cigarette.

The reasonable conclusion from these two lines of research is that intake of nicotine, tar, and carbon monoxide depend more on the smoker's behavior than on the cigarette. The fundamental significance of this part of Dr Kozłowski's work was recognized in a recent editorial in the *New England Journal of Medicine*. Simply making cigarettes that yield little tar to a smoking machine is no answer to the problem of reducing the risks attendant on smoking.

Lying and fast food

Some of Dr Kozłowski's other work on tobacco use may be even more interesting.

He has compiled reports on lying by smokers about their smoking habits and about their intentions to quit — enough to make suspect most statements about the prevalence of smoking and the desire of smokers to give up their habit. He has provided a fascinating account of how cigarette use stands in relation to other kinds of tobacco use — snuff-taking, chewing, pipe-smoking, etc — both historically and in the present, with a glance at the future.

The best line in this account concerns the peculiar attractiveness of cigarettes. It is not that they are more addictive than other forms of tobacco, but simply that they are more convenient: "the cigarette is a form of 'fast food' or convenience food." (*The Journal*, July)

Nebulizers and assays

A frequent collaborator with Lynn Kozłowski is Richard Frecker, a clinical pharmacologist who turned his attention to tobacco use in 1978. Dr Frecker's own research at ARF concerns what he describes as the "pharmacological modification of smoking behavior." So far the focus has been on developing adequate materials and methods. Impressive successes have been achieved. Dr Frecker now has a "nebulizer" (an aerosol generator) that can mimic the delivery of tobacco smoke to the mouth. This will allow precise control over the amounts that are taken into the body, providing for the possibility of good dose-response studies. Dr Frecker's lab is the only one in Canada that can assay nicotine in plasma to the nearest nanogram — necessary if you are to work out how the drug does its work. He can also assay cotinine plasma levels with the same precision. Cotinine is one of the two main metabolites of nicotine in humans. (The other is nicotine-I-oxide.) It stays around in the body for hours rather than the minutes that nicotine remains unchanged. Often the action of a drug can be understood only in terms of the action of its metabolites. This may be the case with nicotine, especially in view of suggestions of apparent genetic differences in the relative production of cotinine and the nicotine oxide.

After a listless start, ARF is now making a major commitment to smoking research. It has already borne much fruit, and there are promises of even greater yields in the near future.

Next month: Statistics and ethics.

The Alcoholism Research Foundation (ARF) of Ontario was established by an act of the Ontario Legislature in 1949. Its first purpose was, according to the act, "to conduct and promote a program of research in alcoholism."

In 1961, the name of the organization was formally changed by the legislature to the Alcoholism and Addiction Research Foundation. The foundation's first purpose was extended to include research in "addiction to substances other than alcohol." According to the ARF publication, *The First Twenty Years*, the change was made because "the phenomenon of narcotic and other drug use was making its impact on a disturbed society."

Drug ignored

Researchers at ARF became busy with work on opiates, barbiturates, amphetamines, marijuana, mescaline, LSD, PCP, the other abbreviated mind-blowing drugs of the 1960s and 1970s, and many more. The kind of drug use that may have been having the greatest impact on a disturbed society was being almost ignored. Cigarette smoking was practised avidly by nearly half of all Canadian adults in the 1960s. As was well documented in the first report of the United States Surgeon General on *Smoking and Health*, issued in 1964, this cigarette smoking was probably killing or disabling large numbers of those who smoked. But research in addiction to tobacco was hardly even mentioned at ARF.

An exception was a study of the smoking habits of alcoholics by Karl Dreher and Gregory Fraser, conducted in 1965. It was a flash in the pan. There was no more research on tobacco use at ARF until the late 1970s.

Why was tobacco use ignored? For three reasons, I think. One was that smoking was viewed as a commonplace pastime rather than as an addictive behavior. (This view is still held by some researchers — at ARF and elsewhere — but the balance of opinion is now that tobacco use is one of the most prevalent and dangerous of addictions.) Another reason was that health consequences were, if anything, considered to be the main problem of smoking, and these were being dealt with by other organizations in Ontario, notably the Cancer Research

NEWS

UK alcohol scene confused, grim — treatment expert

By Alan Massam

LONDON — The alcoholism "scene" in Britain is one of confusion, with the impetus of the 60s and 70s apparently lost. No definite steps have been taken to stabilize alcohol consumption. And there is grave danger that treatment will be thought to be of such little value that it will be largely ignored.

That was the grim picture painted during opening sessions of the World Conference on Alcoholism here.

It came from Brian Hore, director of the Regional Alcoholism Treatment Unit and Detoxification Centre, Withington Hospital, Manchester. Dr Hore told the conference that with the role of professional workers and Alcoholics Anonymous diminishing in the UK and no new care provision, a vacuum is being created.

"It is going to require considerable effort by those workers in the field, and also the consumers of treatment services, to see that alcoholism does not once again become the forgotten disease," he said.

The problem in the UK could be divided into 10 categories:

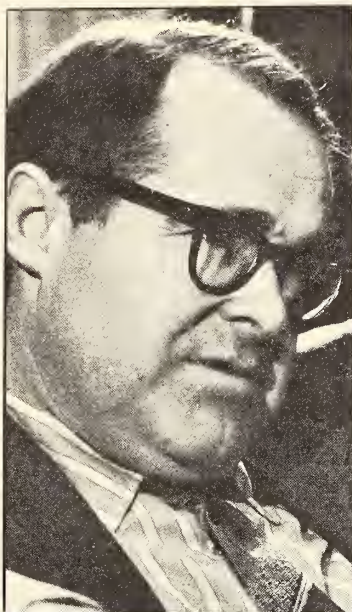
- there is an apparent increase of alcoholism;
- there is a real increase in per capita consumption;
- primary care agencies, like family physicians, are failing to diagnose alcoholism;
- specialized facilities are apparently being overloaded;

- it is not clear who is going to provide treatment;
- doctors are disillusioned with treatment results;
- there is general confusion about the aims of treatment;
- agencies trying to cope with alcoholism face withdrawal of central funding;
- there appears to be little interest in the problem by local government;
- there has been little progress with attempts to decriminalize the drunken offender.

Dr Hore said that one reason for the failure of the primary care agencies is the fact that family physicians expect alcoholism to present in medical terms. Actually, the presentation is likely to be in terms of social pathology, marriage difficulties, legal problems, or deterioration of work performance.

In order to improve recognition by primary care workers, the Alcohol Education Council and the Medical Council on Alcoholism have attempted to educate professionals. But education at the undergraduate level of doctors, social workers, and nurses remains largely absent. Who is going to do the treating?

Dr Hore said that some suggestions are that family doctors should take more responsibility, or that voluntary counsellors akin to marriage guidance counsellors might be tried. These, however, would have to prove their ability as professionals and not be used by the government as a cheap alternative.



Morrison: valuable insights

Canada's Morrison is at work with WHO

GENEVA — Alex B. Morrison, assistant deputy minister of the Health Protection Branch of Health and Welfare Canada since 1972, is spending a year as consultant to the World Health Organization. He is studying existing health care programs in developing countries — essential drugs, health resources, health technology, primary health care, and water supplies — and will make recommendations on these areas to the director general of the WHO.

Dr Morrison, during the past six years a frequent advisor on world health, is the first Canadian to be-

come world health consultant at the senior level. He took up his new position in July 1981, and will return to the Health Protection Branch next summer.

"My time with the WHO is providing me with some valuable insights into the functioning of the organization," said Dr Morrison during a recent trip to Ottawa. "It is widely recognized as an agency which fills absolutely fundamental human needs in the modern world."

Dr A.J. Liston, director general of the Drugs Directorate, is serving as HPB head in Dr Morrison's absence.

UK wants drunks out of court

LONDON — A campaign has been launched here which seeks to remove the simple "offence" of drunkenness from the legal scene.

Instead, the campaign, known as "Out of Court," would like to provide centres where habitual drunks can be offered help and support.

Out of Court was set up by an alliance of organizations, but has as its secretariat staff from the Federation of Alcoholic Rehabilitation Establishments. Its chairman is Lord Donaldson.

Lord Donaldson told *The Journal* that magistrates in Britain deal with a steady stream of drunkenness offenders daily. The vast majority who appear in court do so on a charge of simple drunkenness or drunkenness with aggravation (drunk and disorderly).

In 1980, he said, there were 125,000 offences of drunkenness in England and Wales, an increase of 4% over the previous year and 10% higher than the 1978 figure.

The average cost of arrest and processing each case was in the region of £115 — so it could be estimated that the approximate cost of this processing was in the region of £14 million annually.

If one adds to this the cost of imprisonment (for a minority of offenders who cannot pay their fines), the social costs of stigma, family estrangement, and job loss, the picture begins to take on frightening proportions.

"There must be other ways of dealing with this matter," Lord Donaldson added. "In spite of the efforts of the present Home Secretary, the prison population is growing and on July 16 of this year stood at the unprecedented level of 45,500. The intention to build more prisons (24, at a cost of £750,000,000) will not answer this problem. What is the point of creating more places for people who shouldn't be there in the first place?

"Drunkenness offences reflect social rather than criminal problems, and to continue to process a minority of those concerned through the criminal justice system is both costly and ineffective. It is doubtful whether our present method of dealing with homeless offenders, in particular, could be justified on logical, moral, or economic grounds."

The United Kingdom has officially discontinued imprisonment for drunkenness, yet in 1980 more than 3000 people were given prison sentences for failing to pay the greatly increased fines which resulted from the 1977 Criminal Law Act (up to £25 for simple drunkenness and £50 for drunk and disorderly.)

Since 1972 there has been provision for drunkenness offenders to be taken to approved centres rather than cells, but with only two detoxification centres in the country the opportunity has not been widely taken up.

RESEARCH UPDATE/ Austin Rand

Was last week's drinking "atypical"?

When respondents to alcohol consumption surveys say that last week's consumption was "atypical," as they do about 30% of the time, they are usually not telling the truth, says a Scottish research group. Jonathan Chick and two colleagues at Royal Edinburgh Hospital checked reports of the "typicalness" of the preceding week's consumption by measuring two blood parameters with a known relationship to alcohol intake. The parameters — mean cell volume (MCV) and serum gamma-glutamyltranspeptidase (gamma-GT) — indicate alcohol consumption in the preceding two to six weeks and are not sensitive to consumption changes in the past week. The blood tests showed that MCV and gamma-GT levels were in line with consumption that was "atypical" for the preceding two to six weeks, and in fact at the same level as last week's consumption. The researchers concluded that respondents who claimed the preceding week had been "atypical" were reporting a trivial difference in alcohol intake and seemed to be attempting to deny heavy habitual consumption.

Drug & Alc Depend, v 7, 1981: 265-272.

Low dose THC may increase libido

Popular beliefs about marijuana hold that it can act as a male aphrodisiac. On the other hand, there is extensive experimental evidence that cannabinoids suppress sexual activity in male lab animals and often decrease plasma testosterone concentrations in human volunteers. The apparent contradiction between popular

belief and experimental experience may be resolved by evidence from a University of Texas study showing that the effect of THC depends on dose. Working with mice, Susan Dalterio and two colleagues found that THC at low doses led to a rise in blood levels of testosterone and luteinizing hormone (LH). The first hormone is highly correlated with sexual drive in animals, while the second has a direct effect on spermatogenesis. All levels of THC dose (0.5, 5, or 50 mg/kg) increased the plasma concentration of testosterone within 10 minutes of administration. However, while the lowest dose produced a sustained increase, with the two higher doses the initial rise was followed within 20 minutes by a drop of levels significantly below normal. In the case of LH, an initial increase produced by all three dosages of THC was followed by a rapid drop to normal for the higher doses but not for the low dose. If similar patterns also occur in human males, the researchers say, initial increases in libido may be a real effect of marijuana smoking. The effect could only be sustained however, by strictly limiting the amount smoked.

Science, v 213, 1981: 581-583.

Anorexia and twins

Data available to date on anorexia in monozygotic or identical twins do not support the assumption that genetic factors are important in the development of the syndrome, say two Belgian researchers. The literature indicates that when one identical twin becomes anorexic there is only a 25% to 30% chance that the other will become anorexic as well. Moreover, the researchers say, it can be assumed that cases of shared anorexia in identical twins are so striking that they

will be well-reported while cases in which only one twin becomes anorexic are much less likely to show up in the literature. This bias would mean that a 25% to 30% concordance is an over-estimation. There are no data available yet, the researchers say, on the incidence of the phenomenon among non-identical twins or among non-twin siblings.

Psychotherapy & Psychosomatics, v 35, 1981: 55-63.

Drunk practice helps drunk performance

If you are going to attempt a task while intoxicated, it is wise to have practised it previously while in the same condition, suggests a study by a University of Washington research group. Psychologist John Wenger and his colleagues trained 40 rats to walk a treadmill and then placed them in four groups for 23 more days of practice. The first group got their daily extra practice while drunk. The second group had a daily practice session, then received an ethanol injection. The third group, the controls, received only saline each day, followed by time on the treadmill. The fourth group received ethanol before practice on one day out of four, and after practice on the other three days. On the twenty-fourth day, the animals in all the groups were given ethanol before walking the treadmill. It turned out that those who had for the previous 23 days received their alcohol after practising were no better at staying on the treadmill than were the controls, who had not had any experience at all with alcohol. In order to master the treadmill-alcohol combination, it was crucial to have practised while drunk. It did seem however

that, at least for this task, practising drunk on one day out of four was as good as always practising under the influence.

Science, v 213, 1981: 575-577.

New acupuncture point for giving up smoking

A new acupuncture point, discovered serendipitously by James Olms, a Toledo, Ohio general practitioner and acupuncturist, has had a one-treatment 75% cure rate for 535 smokers in a recently completed series. A second treatment was free, and patients who did not return were considered cured. If second treatments are included, the cure rate improves to about 84%, Dr Olms says. With regard to the 16% failures, Dr Olms estimates that 10% of all patients are generally unresponsive to any acupuncture treatment, whether for pain, illness, or smoking. These patients are termed "oscillators" in acupuncture terminology, because of a supposed instability in neurological patterning, and are characterized by acute weakness in sense of direction, says Dr Olms. In addition, about 1% of patients, mostly males, are subject to acupuncture shock or hypotension, and so cannot be treated by this method. Dr Olms has named the new acupuncture point "Tim Mee," Cantonese for "sweet taste," because it seems appropriate when one can really taste food for the first time after losing the tobacco habit. Dr Olms had himself been a two-to-three pack-a-day smoker for 40 years prior to his fortuitous discovery of the point while treating himself for a persistent cough.

Am J Acupuncture, v 9, 1981: 257-260.

Athletes mount attack on illegal drug use in Olympic sports

By George Young

BADEN BADEN, WG — The illegal use of drugs, blood doping, and anabolic steroids are the number one enemy of the Olympic movement.

At the 11th Olympic Congress, held here in September, athletes, coaches, and other delegates clearly identified their concerns and came armed with solutions. There was also much discussion on a new eligibility rule and other issues affecting "the future of the Olympic Games." But the one topic that kept coming up with grave concern was the drug question.

Not surprisingly, 34 athletes, the first ever to be invited to take part in the Olympic Congress, lodged the strongest complaints about the use of drugs.

Ivar Farno, a 30-year-old cross country skier from Norway, the first of five athletes to address the congress, said drug abuse is out of control. He said athletes are hurting themselves by using drugs, and a full time detection commission is needed.

"We need a better control, not only on the occasion of important competitions," he told delegates representing the International Olympic Committee (IOC) (82 delegates), the National Olympic Committees (149), and the International Sports Federation (26), "but also during the whole year or training season. We believe that an international commission composed of representatives from several countries could help to achieve such strong control. Where proven, all persons involved should be punished, not only athletes, but also trainers, leaders, doctors, and officials. The punishment has not been sufficient up until now."

British track star Sebastian Coe, who celebrated his 25th birthday during the congress, also called for stronger laws.

In summing up on behalf of the athletes he said: "We consider doping to be the most shameful abuse of the Olympic idea. We call for the life ban of offending athletes. We call for the life ban of coaches and the so-called doctors who administer this evil."

It wasn't just athletes who had something to say about the illegal use of drugs.

Sir Dennis Fellows, president of the British Olympic Association said this kind of practice has caused many to believe the Olympic Games are no longer worth maintaining.

"It's necessary for all connected with the Olympic movement, to eliminate this pernicious evil," he told the congress.

Robert Helmick, secretary general of the International Swimming Federation (Fina), said there are deficiencies in the present methods for control.

"The international federations are concerned with the problem of delays in the reporting of results," he stated. "This is particularly important where the results are not obtained until after medals are awarded. Procedures should be developed and obtained whereby use of controlled substances is detected prior to commencement of competition."

Premio Nebiolo, president of the International Amateur Athletics Federation (IAAF) and president of the International Student Union (Fisu) called for a joint program of accredited laboratories.

Dennis Oswald, secretary general of FISA (Federation Internationale des Societes d'Aviron) pointed out the first doping cases occurring in rowing in 1980. He, too, called for year round control.

Claude de Bihan, spokesman for 10 invited coaches, said doping is a veritable cancer of sport. "Severe sanctions must be imposed on any athlete or person whose guilt or complicity has been proven, irrespective of social standing," he warned.

Mario Vasquez Rana, president of the Association of National Olympic Committees said it's not usually the athletes that are at fault. "Unscrupulous technicians and coaches are responsible," he said. "An educational program to illustrate the pernicious consequences is needed."

The costs of the needed reforms are high. But, the IOC agreed, so are the effects on the Olympic reputation, not to mention the health of the athletes.

IOC president Juan Antonio Samaranch promised the congress the IOC would take action in three areas. In his final declaration to the congress he stated:

- The existing penalties for drug abuse should be more strictly enforced to all



Track star Coe: 'doping's the most shameful abuse of the Olympic idea.'

concerned in the abuses, and financial penalties should also be applied.

- Testing for doping abuse should not be limited to Olympic or world competitions, but, through cooperation with the international federations and the national Olympic committees, should be carried out worldwide throughout the whole year.

- Assistance should be given in the establishment of reliable and neutral laboratories throughout the world.

With those words, the IOC medical commission, established in 1966 by the late Avery Brundage, was thrown the challenge. Chairman Prince Alexandre De Merode will conduct a feasibility study for a more elaborate drug detection network. The commission will attempt to expand its

existing number of acknowledged laboratories.

"We need more laboratories," commented Mr Samaranch sitting in his penthouse suite in the lavish Brenner's Park Hotel. "We only have four or five in the world."

His concern was sincere but so was his frustration in trying to deal with the problem.

The fight against the use of drugs in sport is not new. But this time the athletes made it the number one issue at the Olympic Congress. Delegates were moved by their appeal to get rid of all drug use.

The IOC has promised to react, to try to end the use of drugs and other artificial stimulants in sport. Maybe, just maybe, this will be the start.

War of 1812 device would allow it

By Pat Ohlendorf

TORONTO — Organizing privateers to grab drug smugglers off the south Florida coast is the aim of lawyer Randy Ludacer of Key West, Florida. And if the United States Congress grants him a "letter of Marque and Reprisal," as provided for in the Constitution, he's off into a dangerous and profitable business.

"No, the whole thing is not a joke," Mr Ludacer replied to *The Journal*. "I'm trying to provoke the Congress into using letters of Marque as a vehicle for authorizing privateers to function as Coast Guard cutters."

The idea has been "percolating for five or six years" in Mr Ludacer's mind, because authorities have so far failed to make significant inroads into the thriving marijuana and cocaine traffic into Florida.

"There's a very cavalier indifference to drug smuggling in this town," Mr Ludacer told *The Jour-*

nal. "Some of the open and notorious drug dealers are treated as virtual folk heroes. It's so commonplace it's become a folkway rather than an act of criminality."

Mr Ludacer believes marijuana and coke should either be legalized ("concede we can't control them") or "serious and effective enforcement" should be pursued. One way would be to hand over some power of control to privateers.

"I'm a little long in the tooth myself to go bouncing around on the deck of a destroyer," said the 51-year-old weekend sailor. "I did enough of that during the Korean War. What I'm trying to do is organize this."

He has already recruited the beginnings of a privateer force — veterans of the Congo liberation movement, the French Foreign Legion, and a former Green Beret soldier — who are interested in taking to the seas for at least one reason beyond social service.

"Of course we'd like to make a profit," Mr Ludacer told *The*

Journal. "That's what the private sector is about. The seized contraband has to be bought by the government; the ships you can sell at public auction."

At the moment, although letters are beginning to fly back and forth between Washington and Key West, Mr Ludacer has not succeeded in convincing a member of Congress to introduce the privateering bill. "I'm now arm wrestling with the members of the Florida delegation to see if I can get them to do anything," he said.

(Article I, section 8 of the US Constitution gives Congress the power "to declare war, grant letters of Marque and Reprisal, and make rules concerning captures on land and water." Letters of Marque were last used during the War of 1812, when the government hired pirates like Jean Lafitte to capture British merchant ships.)

"I think the difficulty is that they (the Congress) are history-bound," said Mr Ludacer, a former attorney with the Agency for International Development

(AID) who worked for three years in Vietnam. "They don't understand that letters of Marque can be used in a variety of situations."

But his efforts to find a congressman or congresswoman to sponsor the bill are less than two months old, and Mr Ludacer still has hope.

The media, if not the Congress, have found his plans worthy of note. He has received wide coverage by newspapers, magazines, radio, and TV — including a recent story in *Rolling Stone* magazine ("which to my children means

I've attained the heights").

"The media hype cuts both ways," Mr Ludacer told *The Journal*. "It may tend to make people regard my idea as a publicity stunt, but at the same time I think it generates constituent pressure on the Congress."

But, he admitted, the hype is beginning to get to him. "Everybody wants me to pose with a machine gun and with a parrot on my shoulder."

The Journal refrained from asking Mr Ludacer to pose for a photograph.

Yukon kit goes national

WHITEHORSE — A fetal alcohol syndrome (FAS) package developed by the Yukon Alcohol and Drug Service is now being sought by other agencies all over Canada.

The kit is packaged in a small briefcase and is detailed enough, but straightforward enough, to be loaned out to interested groups.

Lynn Malinsky, who developed the kit, says FAS is a major problem in the Yukon. "Pediatricians have documented at least 60 cases in the past two years and the children had the typical symptoms of FAS. We find FAS mostly in rural areas and among more Indian women than whites."

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A monthly report for professionals on developments, issues, and events of national and international significance in the field of alcohol and other drugs.

Editor... Letters to the Editor... Letters to the Editor...

Belfast story — without statistical foundation

I feel I must take issue with several points raised in Jon Newton's article, Belfast — hard times, hard drink (*The Journal*, Oct). The whole inference of the article that "escalation of alcohol use stems from never-ending, apparently unresolvable conflict," is without statistical foundation.

I would refer him to the Addiction Research Foundation's *Statistical Supplement to the Annual Report 1979-80*, which states that the rate of increase of death due to liver cirrhosis, while increasing in Northern Ireland, has remained constant between the years 1971-75 (some of the darkest years

of the "Troubles," as ALL Irish people call them), approximately one third of the rate for Canada.

Mr Newton says that in Belfast "gathering statistics is futile," but surely these figures cannot be gainsaid. This also gives lie to the myth blandly accepted by Mr Newton that "the Irish are as well known for their love of it (drink) as they are for their troubled history." The fact that between 1972 and 1975, 252 people died from liver cirrhosis in Northern Ireland (not just Belfast) hardly lends credence to his statement that "drink, not violence is the biggest killer in Belfast," as people have been dying violently in Northern

Ireland at more than twice that rate.

It is difficult to understand why Mr Newton is "tempted" to believe that the reasons "so many" young people "limp around on crutches is a combination of too much alcohol and too many holes in the streets." He goes on... "even the dogs... seem to have injured legs." Unfortunately, I am unable to dispute this point, as I was unable to find any statistics on canine alcohol consumption for Northern Ireland.

As one who was born in Ulster and spent a good part of my working life in Belfast, I feel I must say, that while Mr Newton's



The Journal, October

article depicts an appropriately "grim and depressing" picture of the situation, and he raises some good points on unemployment (but not the fact that Northern Ireland has had the highest unemployment rates in the UK since partition), his view is simplistic.

By the way, who told him that "Belfast, before the bitter Troubles, was a lovely city?" I could find him a good few people who would

argue that point, the poet Louis MacNeice, among them.

A. McCudden
Toronto

Will give it to legislators

Your August 1, 1981, special issue of *The Journal* — *The Darker Side of Development* — is of special interest to our area. We are experiencing a boom in the lignite and lumber industries in our northwest corner of the state.

We would appreciate 10 copies of this issue to send to our legislators. If you could mail these as soon as possible it would expedite our getting these copies in the proper hands during the current session of the legislature.

We have been subscribers to *The Journal* for some time and find the articles interesting and helpful.

Dorothy Womack
Administrative Assistant
Office of Mental Health and Substance Abuse
Department of Health and Human Resources
Louisiana

Interests me

I am requesting information on subscribing to *The Journal*. I work with Mental Health Durham and drug rehabilitation in Oshawa, and I feel that by receiving *The Journal* I can keep up better with drug rehabilitation techniques.

The Journal has interested me in many ways, having seen drug problems. Drugs are a menace to society and I feel that I may be able to help people of all ages and drug problem categories in defeating their drug problems.

Walter Dupczak
Mental Health Durham
Oshawa, Ontario

'Very good'

While working with Mr Cole in Juneau, he shared with me *The Journal* of August and September with the articles on The True North. They are very good and include many excellent interviews which need broad exposure. I will continue to do "studies" for Mr Cole and will cut out these articles for inclusion in my reports.

Conrad Earl Albrecht, MD
Public health physician
Affiliate professor of medical science
University of Alaska
AK

'Thank you'

Thank you very much for taking time to provide proper coverage to the Newfoundland concerns brought out during discussions at the Canadian Addictions Foundation annual meeting in St John's Newfoundland — (Hardships and drilling ships: oil spilling into addictions field, *The Journal*, Aug).

I have ordered several copies of the August issue of *The Journal* and they will be distributed throughout our regional offices.

B Wayne Smith
Consultant — Alcohol and Drug Abuse
Government of Newfoundland and Labrador
St John's, Nfld

The Journal welcomes Letters to the Editor. Please send letters to The Editor, The Journal, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.



Kids & teachers



The Journal

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Alcohol and the law #2



YOU ASKED US...

Dear Karen,
I'm writing in hope that you can help me. My boyfriend is a "druggie." I have been going out with him a year now. I really love him and don't know what to do. He was in hospital last year after a bad car accident that happened because he was driving while he was stoned. He ran a red light and hit another car. As soon as he was on crutches, he started again. It worries me that he can't face life. I've read all about drugs, thinking I could help. I've been hurt so many times by his lies and promises. He asks to borrow money for clothes and spends it on drugs. He tells me he is going to look for a job, but goes partying with his friends. I'm so confused. Please help me or at least try. I really need advice. The books tell me facts but they don't give advice.

Confused

Dear Confused,
You obviously care a great deal about your boyfriend and want to help him stop using drugs. Gathering factual information about drug use and its effects is a very practical and mature way to approach the problem. Unfortunately, it is not easy or always possible to communicate concern and factual information to other people in a way that will convince them to change their drug use. Sometimes the best impact you can have on another person is to express your concern and sup-

port and encourage him or her to get treatment. If your boyfriend decides he wants help to stop using drugs, contact your local alcohol and other drug addiction agency. They can suggest places for him to get help.

No matter how much you care about someone it's not always possible to change their behavior. Even while you are trying to help, you need to protect your own feelings and safety. Perhaps a close friend or family member can make suggestions, or your doctor or guidance counsellor can refer you to a professional who can help you decide how much you will let your boyfriend's behavior affect you. There are also self-help organizations such as Families Anonymous you could contact.

Finally, I'm sure you are aware your physical safety is at risk if you drive with your boyfriend when he is stoned.

You have several difficult decisions to make, Confused. I would suggest you get some help from family, friends, or professionals as soon as possible.

Dear Karen,
In the sports section of last night's paper there was an article about a football player using drugs. In the article, there were a few terms I didn't understand, like "peaches," "rainbows," "crystal joints," and "snow."

Can you tell me what these are and how they affect you?

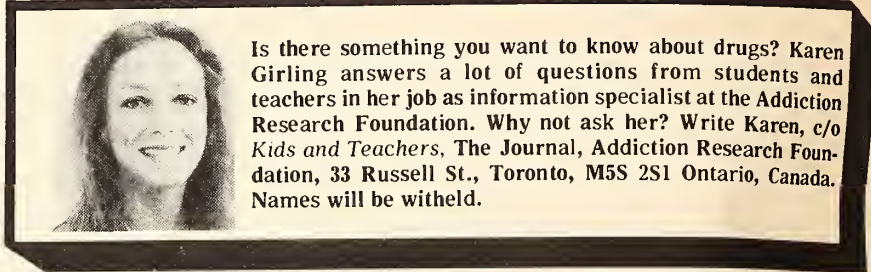
Sports Fan

Dear Fan,
Although these terms may vary from place to place, the word "peaches" refers to amphetamines or "uppers." If you swallow them, they speed up your breathing and heart rate. "Rainbows" are usually barbiturates or "downers" which, if they're swallowed, depress or slow down the same functions. "Crystal joints" are likely PCP

(phencyclidine) crystals added to marijuana and smoked as a "joint." PCP, depending on the dose, can act to slow you down or speed you up. Finally, "snow" usually means cocaine. Like amphetamines, it stimulates or speeds up the body. In larger doses, cocaine acts like a barbiturate, slowing down res-

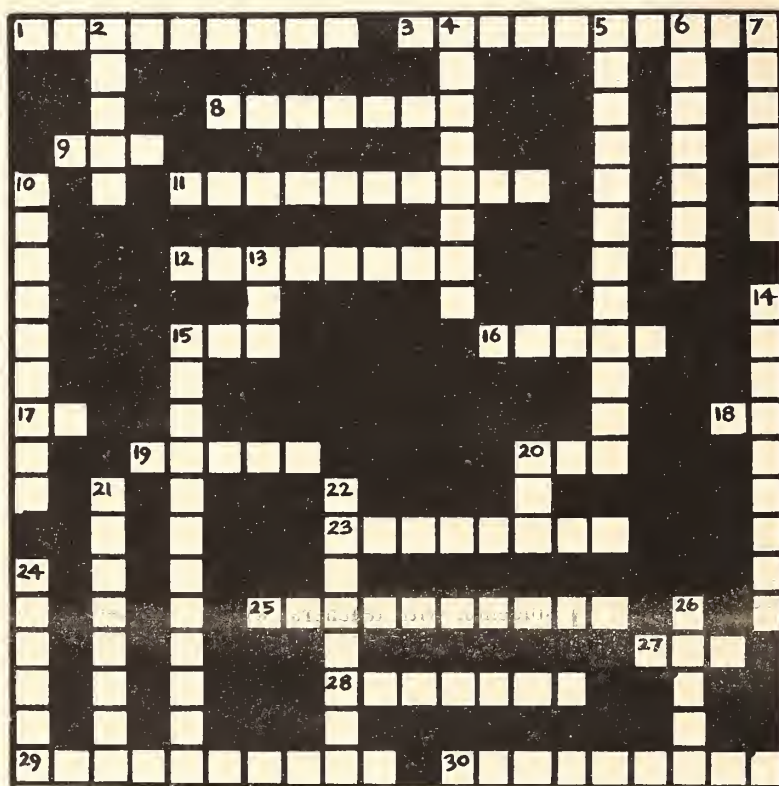
piration, perhaps to the point of death.

You may have heard that some athletes use stimulant drugs or "uppers" to help them perform better in sports. Actually, they just feel as if they're doing better. No studies have proven these drugs improve sports performance.



Is there something you want to know about drugs? Karen Girling answers a lot of questions from students and teachers in her job as information specialist at the Addiction Research Foundation. Why not ask her? Write Karen, c/o Kids and Teachers, The Journal, Addiction Research Foundation, 33 Russell St., Toronto, M5S 2S1 Ontario, Canada. Names will be withheld.

CROSS



WORD

Across

- Reading Kids and Teachers will increase your _____ about alcohol (9)
- A drug legally available only for medical or scientific research is a _____ drug (10)
- Way of taking nicotine (7)
- Short for "blood alcohol level" (3)
- Selling liquor without an official seal is _____ (10)
- Ontario's liquor laws are supposed to _____ the incidence of drunkenness (8)
- Place where alcoholic beverages are bought and drunk (3)
- Place where people often get drunk but are seldom arrested (5)
- Proof of age (2)
- What to say if you're offered a drink you don't want (2)
- Places where it's illegal to drink beer (5)
- Type of alcoholic beverage distilled from grain (3)
- It's legal to drive with a case of beer in the car as long as it's _____ (8)
- The legal number of gallons of wine you can make at home in a year (3, 7)
- Rule governing the sale and consumption of alcohol (3)
- Selling alcohol in Ontario grocery stores is _____ (7)

- A drug legally available only on a doctor's prescription is a _____ drug (10)
- A physician can legally give a child liquor for _____ reasons (9)

Down

- Hour at which a bar must stop selling liquor (3, 2)
- One year younger than the legal drinking age (8)
- Legal term for prohibiting someone from buying or drinking liquor (12)
- To deal illegally in drugs (7)
- Depressant (6)
- Heroin, cannabis, and cocaine are examples (9)
- Vehicle in which you may legally transport an opened bottle of wine from one residence to another (3)
- Some of Ontario's older liquor laws are _____ (3, 2, 4)
- Type of breath analysis test (12)
- It is legal to carry one when drunk (3)
- If you use false ID to buy liquor, a judge may _____ you (8)
- Legal term for someone under the age of 16 years (8)
- It is illegal to be drunk in a _____ place (6)
- Alcoholic beverages may not be _____ from store to home by a juvenile (5)

DECISIONS

Bill had fallen asleep as soon as his head hit the pillow. But that was only because he'd had those last few beers. Blues chasers. He needed them after the dumb luck he'd had.

Of course, when the police came at 4 am, his father was sure there had been some mistake. Bill had never been in trouble. Besides, he didn't have to sneak around to drink. Those empties by the fridge were proof enough his son drank moderately at home. The witness must be mistaken. But the police wanted a statement and Mr Shannon hadn't liked the pale look that came over Bill's face. Bill had always levelled with him; what was happening now?

And why had they demanded the car be taken to the station?

- Can Bill's actions be defended? Explain your opinion.
- Define "rationalization." Outline how Bill manages to rationalize his behavior to himself. How does Bill's father rationalize his son's behavior?
- If Bill had the evening to live over, what might he have done differently?

THE KIDS ON HIGH ST.

featuring Al Ked



...WE ASKED YOU



You are a passenger in a car driven by a friend who has had five or six beers and has an accident. What do you think of the idea that you should be charged with being an accessory to the crime since you didn't keep him or her from committing the crime? Do you think it would cut down on drunken driving? Would you accept a ride from someone who has been drinking?

Scott, 18:

It's a good idea because if they are together in the first place it's almost as much the passenger's fault as it is the driver's. However, the driver has the initial responsibility. I don't think this would cut down on drunken driving, though — look how many people smoke pot and it's illegal. I wouldn't accept a drive from someone who has been drinking in the first place.

Steph, 16:

I think I should be charged because — first, I didn't prevent the person from driving under the influence, which I could have done. Second, I could have refused to get a drive from the person knowing his or her condition. I don't think this would cut down on drunken driving though, because if they're going to, they'll do it regardless of the law. Drunken driving is illegal but people still do it anyway. I wouldn't accept the drive knowing his or her condition because of the risk of an accident.

Earl, 18:

If I knew that he or she had been drinking, I would agree that I should be charged because I could have convinced him or her not to drive. I could also have refused the ride for the sake of my own personal safety. I wouldn't accept a ride with someone who was drunk to the point of not being able to function in the car.

Tracey, 15:

I guess it's fair because you knew you were getting a ride home with that person. It would be your fault for not looking out for your own



safety. I think it would cut down on drunken driving because the people who'd be getting the rides home for curfews would be the ones who'd abide by the law. If someone has been drinking excessively, I'd say no to a drive.

Brian, 19:

I don't think I should be charged for his lack of responsibility. However, I'd feel obligated to advise him not to drive in that condition. And I would absolutely not drive with him. Yes, it would be effective in reducing drunk driving, but I don't think it should be part of the law; it would require one individual to police another's



drinking.

Maureen, 20:

Yes, I feel I should be charged, because I would have shown a lack of responsibility in not telling the friend not to drive. It is a friend's duty to look out for another friend in situations such as this, and by not doing so, you're showing stupidity and that you don't care about your life. This is a dangerous situation. I know; I lost my five-year-old brother to a drunk driver who had friends with him.



Tom, 18:

In a way, the driver should take care of himself. But when you're drinking, you lose all sense of rationality and believe you're more capable than you actually are. People would pay more attention to the condition of the driver, because their first concern is their own physical and legal safety. But I would feel unjustly treated if I were charged as a passenger because there's a fine line to cross before someone goes



over their limit. How can a passenger know for sure? How could the courts prove the passenger's awareness? What if the accident or arrest happened before the passenger knew? I don't think this should become law, but something similar should be.

Maya, 18:

It's a good idea if you know the driver has been drinking and it's affected him, because it will reduce drinking and driving. I think such a law should be enacted.



ASK YOURSELF

PROBLEMS — WE'VE ALL GOT 'EM.

Problems are common to all of us — problems with fellow students, with teachers, with parents, with grades, with friends, and with drugs.

Problems can make you feel lousy. They can give you stomachaches, headaches, nausea, short temper, poor concentration, or tears.

Often, when you're feeling low, you don't really know why. Even if you know what the problem is, it's sometimes hard to find the energy to do anything about it. And even if you have the energy, you may not know where to start.

BUT PROBLEMS ARE WORTH SOLVING.

Here's one way to try and solve them.

- 1) Get a pencil and paper, and write down a problem that's been bothering you.
- 2) List all the ways you can think of to solve this problem, no matter how ridiculous they seem.
- 3) List all the possible results, both good and bad, for each solution.
- 4) Choose a solution and put it into action.
- 5) Try it out for a while, and evaluate your choice.
- 6) If it isn't working, go back to #2 until you succeed.

SARAH'S PROBLEM

Sarah had the same problem at her new school that she had at her old one. She seemed unable to make friends with anyone. She could never think of anything to say, and was easily embarrassed around the other kids. After extensive testing showed her health was fine, the doctor suggested Sarah's stomachaches might be caused by her unhappiness. Here is how Sarah put this formula to work for herself.

1) Problem:

Sarah can't seem to make friends with anyone at school.

2) Possible solutions:

- a) Quit school.
- b) Join a school team or club.
- c) Carry on — Sarah has to be at school for only 33 hours a week.
- d) Force herself on people — sit at their lunch tables, follow them in the halls, etc.
- e) Transfer to a new school.
- f) Ask a guidance counsellor, teacher, or parent for help.

3) Possible results:

- a) Sarah is 15, so she can't quit school; but even if she were older, what else could she do with herself?
- b) If Sarah develops an interest in common with other kids, and has to participate and be accepted as part of a team or group, she might get to know them and let them know her.
- c) Sarah will continue to be unhappy if she doesn't change. Her recurring stomachaches probably won't go away, either.
- d) Sarah can never think of anything to say, and gets embarrassed easily. Just being around people doesn't solve her problem.
- e) Maybe transferring will

help, but this is the second school where she's had the same problem.

- f) Perhaps someone Sarah trusts can help her to practise conversation-starters, look like she wants to belong, and develop other confidence-building techniques.

4) Choose a solution:

Sarah chose two solutions to act upon: (b) and (f).

- b) She joined intramural volleyball where the goal is fun and team work. She has a chance to play with other girls, and can at least talk about the games they have played.
- f) Sarah spoke to her guidance counsellor who taught

her some confidence-building techniques. She has practised walking with her head up, smiling, and making eye contact. As a result, people notice her and assume that she's fun to be with since she looks happy and confident.

5) Evaluate:

Sarah has started to ask some of her team mates to join her at lunch and is meeting their friends — both guys and girls — now. She has fewer stomachaches than she did, misses less time from school, and finds she's able to concentrate better in class.

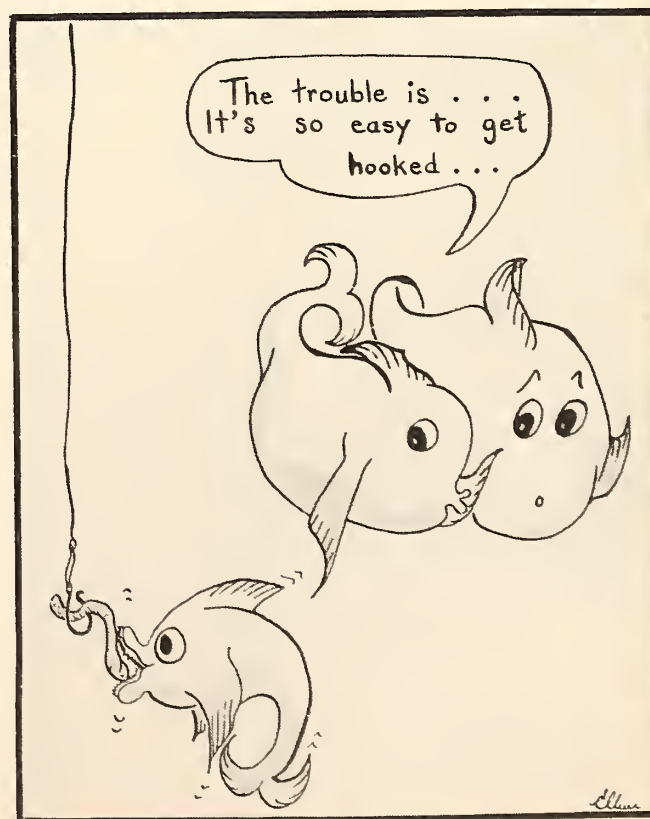
Problems are worth solving, so try this method to look at your problems.

ANSWERS TO IS IT LEGAL?

The activities described in numbers 2, 9, 10, 13, 14, 17, and 24 are all legal in Ontario. The others are illegal.

Crossword Answers
1. KNOWLEDGE, 3. RE-
STRICTED, 8. SMOKING, 9. BAL-
11. PROHIBITED, 12. DE-
CREASE, 15. BAR, 16.
PARTY, 17. ID, 18. UN-
PARKS, 20. GIN, 23. UN-
OPENED, 25. ONE HUNDRED,
27. LAW, 28. ILLEGAL, 29. CON-
TROLLED, 30. MEDICINAL.
Down
2. ONE AM, 4. EIGHTEEN, 5.
INTERDICTION, 6. TRAFFIC, 7.
DOWNER, 10. NARCOTICS, 13.
CAR, 14. OUT OF DATE, 15.
BREATHALYZER, 20. GUN, 21.
IMPRISON, 22. JUVENILE, 24.
PUBLIC, 26. TAKEN.

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ALCOHOL AND THE LAW

Teacher Objective

To examine with the students some of the laws about alcohol.

Student Objective

To understand more about the laws on alcohol, particularly those laws relating to young people.



Most governments are reluctant to infringe on citizens' personal rights by abolishing alcohol. For instance, in 1929, Ontario's Liquor Control Board Annual Report stated that "the [Prohibition] law was not enforceable simply owing to the fact that a very large number of the people considered it a grave infringement of personal rights and liberties" Therefore



it seems better to have laws that control its manufacture, distribution, and use, rather than abolish it.

Step 1

Hand out individual *Kids and Teachers* supplements to the students. Ask them to mark whether they think each activity listed below is legal or illegal.

Is it legal?	Yes	No
1. Selling alcohol in grocery stores.		
2. Making 100 gallons of wine for home use in a year.		
3. Selling liquor to a person who is obviously drunk.		
4. Serving liquor to a minor (under 19 years old) in a restaurant.		
5. Borrowing an adult's identification card so you can buy a drink.		
6. Drinking a beer in a public park or beach.		
7. Serving liquor to a 16-year-old friend at a party in your own home.		
8. Buying alcohol for a minor.		
9. Carrying a gun while drunk, providing you have a permit to carry the gun.		
10. Driving with a case of unopened beers on the back seat of your car.		
11. Driving with a blood alcohol level (BAL) that is 0.08% or more.		
12. Refusing to submit to a breath analysis test given by a police officer.		
13. Giving a ride to a drunk person in your car.		
14. Driving while under the influence of alcohol with a blood alcohol level that is 0.05%.		
15. Being drunk at a party, but not causing harm to yourself or others.		
16. Being drunk in a restaurant.		
17. Carrying an opened bottle of wine in your car while you drive from one home to another.		
18. Selling liquor after 1 am in a bar.		
19. Making your own beer and selling it to your friends.		
20. Selling a soft drink in a bar to a 14-year-old who is with an older friend.		
21. Your father asking your 12-year-old sister to carry home the beer he just bought.		
22. Advertising hard liquor on television.		
23. A beer commercial on TV showing a young man drinking his glass of beer with gusto.		
24. Parents serving wine at dinner to their 15-year-old child.		
25. Drinking beer at a football game.		



How many students thought each activity was legal, and how many illegal? Discuss the correct answers. (See p. 3) **Were you surprised that some of these activities, such as numbers 9 and 14, are legal? What are the possible reasons for the laws prohibiting the activities described in numbers 1, 3, 16, and 22?**

Step 2

The Liquor Control Act of Ontario is too long to print in *Kids and Teachers*, but here is a summary of it.

LIQUOR CONTROL ACT

- a) • For the purpose of this Act liquor includes beer, wine, and spirits (ie rum, whiskey, etc). All these beverages can produce intoxication.
- The Liquor Control Board of Ontario has the authority to deal with all matters concerning liquor in the province of Ontario.
 - The Liquor Control Board buys, imports, and sells liquor. It also controls possession, consumption, and transportation of liquor.
 - The Board decides where liquor stores will be set up and what the packaging of all liquor will be. Rules for what liquor can be sold, who can sell liquor, when liquor will be sold, and how much it will cost are all made by the Liquor Control Board.
- b) • Liquor may be sold to a person providing they write an order stating what kind of liquor and how much they want and providing they pay in advance.
- Only liquor that is sealed with an official seal may be sold. No liquor package may be opened on the premises of a government store.
 - No liquor may be drunk on the premises of a government store.
- c) • Liquor may only be transported as long as the package is not opened.
- If you are taking liquor from your home to another home, it may have the seal broken.
- d) • No person is allowed to be intoxicated in a public place.
- You may not sell or supply liquor or permit liquor to be sold or supplied to anyone who is under the influence of liquor.
- e) • You may not sell or supply liquor to anyone un-

der the age of 19 years.

- No one under the age of 19 years is allowed to drink, try to buy, buy, or get liquor in any way.
 - However a parent or guardian may give liquor to a person under 19 years of age.
- f) • The Board may prohibit people from buying, having, or drinking liquor.
- g) • It is illegal to use anything other than your own identification when buying or drinking liquor.
- h) • You may not allow any drunkenness in your home.
- You may not let anyone drink in your home who is under the influence of liquor.
 - You may not give liquor to anyone who is under the influence of liquor.
- i) • If a person can be shown to be using liquor in such a way as to injure him/herself in any way, a judge may file an order of interdiction. This means the person may not buy or drink liquor.
- j) • If you sell liquor to anyone who is under 19 years old, you may be fined not more than \$3000, or imprisoned not more than six months, or both.
- If you use false identification to buy liquor, you could be fined not less than \$100 and not more than \$500 or imprisoned not more than two months, or both.
 - If you are intoxicated in a public place you could be fined not more than \$50; if it happens a second time, you could be imprisoned 30 days, or sent to a rehabilitation institute.
- k) • A juvenile (under the age of 16 years) found drinking may be tried in juvenile court.

What are the reasons for some of these laws? Do you disagree with some of them? Which ones? Why? Which laws might be hard to enforce?

Law (h) would be virtually impossible to enforce in a free country. According to this law it is illegal to be drunk in your own home. Since it is also illegal to be drunk in a public place, it is clearly against the law to be drunk anywhere! This is an example of an old law left over from the temperance era and rarely enforced now.

Do you know of any other out-of-date laws that are surprisingly still "on the books?" Which ones do you think are generally good laws?

Step 3

Have each student select one law with which he or she strongly disagrees and rewrite it, providing written reasons for the change. Submit these rewritten laws to a committee of students who will check for accuracy of information and grammar. Send the suggestions to us at *Kids and Teachers*, 33 Russell Street, Toronto M5S 2S1.

Step 4

Select any law that some students agree strongly with and some disagree with, and have a debate. Some suggested topics are:

- Resolved that beer should be sold at sports events to persons of legal age.
- Resolved that the age of majority should be raised to 21 years, as it used to be.
- Resolved that the law against being drunk in a residence ought to be removed from the Liquor Control Act, since it is virtually impossible to enforce.

Pocket laws

The sale and use of alcohol in Canada are governed by provincial laws. However, use of such drugs as heroin, cannabis, and cocaine is controlled by the federal government through the Narcotic Control Act. Possession of one of these drugs may mean a sentence of up to seven years in jail; trafficking in any of them can mean a sentence of up to 10 years.

Through the Food and Drugs Act, the federal government also controls drugs that have valid medical use but have potential for abuse and are used illegally. This Act puts drugs into two classes: controlled and restricted.

Amphetamines, sometimes called "uppers," are an example of a controlled drug. They are legally available only on a doctor's prescription. LSD is a restricted drug. It is legally available for medical or scientific research. A person in possession of a restricted drug is liable, on a first offence, to a fine of \$1000, or imprisonment for six months, or both.

inhalants inhalants inh

Factsheet

Volatile hydrocarbons are organic chemicals produced from petroleum and natural gas. Because they evaporate quickly at room temperature, they are popular in the marketplace as a base for fast-drying products.

Solvents are used in both industrial and household preparations. These include plastic cement (hexane), model airplane glue and lacquer thinners (toluene, xylene), nail polish remover (acetone), lighter fluid (naphtha), cleaning fluid (benzene, trichloroethane), and gasoline.

An aerosol is defined as a liquid, solid, or gaseous product discharged from a disposable container by a compressed gas propellant that is often a hydrocarbon type compound or a halocarbon. Cookware coating agents, deodorants, hair sprays, insecticides, medications, and paint are just a few examples of aerosol products.

Abuse of volatile hydrocarbons is not new. Getting "high" by inhaling ether was common in Europe, Great Britain, and North America during the 1980s. Widespread sniffing of plastic model glues and nail polish removers began in the 1960s.

Since the widespread development of aerosol sprays, abuse of them has also become a problem. It primarily involves sniffing fluorocarbons, the gases used to propel a small number of aerosol products. These gases have been associated with fatal sniffing accidents.

Effects

The effects of any drug depend on the amount taken at one time, the past drug experience of the user, the circumstances in which the drug is taken (the place, the feelings and activities of the user, the presence of other people, the simultaneous use of alcohol or other drugs, etc), and the manner in which the drug is taken.

Inhaled vapors from solvents or aerosols enter the bloodstream rapidly from the lungs and are then distributed most rapidly to organs with a large blood circulation, such as the brain and the liver. Most volatile hydrocarbons contained in solvents and aerosols are fat-soluble and thus absorbed quickly into the central nervous system, producing depression of many body functions, including breathing and heart beat. Accumulation in fatty tissue occurs less rapidly.

While some volatile hydrocarbons are metabolized and then excreted through the kidneys, many are eliminated unchanged, primarily through the lungs. Because of this, the odor of solvents may remain on the breath for several hours following inhalation. The complete elimination of volatile hydrocarbons may take some time, as they pass back slowly from fatty tissue into the blood.

Short-term effects are those which appear rapidly following inhalation and disappear within a few hours or days. The initial effect of inhalation is a feeling of euphoria characterized by lightheadedness, pleasant exhilaration, vivid fantasies, and excitation. Nausea, sneezing and coughing, hallucinations, increased salivation, and sensitivity to light may also occur. In some individuals, feelings of recklessness and invincibility may lead to bizarre behavior.

Deep inhalation or sniffing repeatedly over a short period of time may result in disorientation and loss of self-control, unconsciousness, or seizures. Muscular incoordination and depressed reflexes are characteristic of this stage. Nosebleeds, blood-shot eyes, unpleasant breath, and sores on the nose and mouth may also occur.

The effects of an initial, brief inhalation fade after several minutes, but concentrating the drug inside a plastic bag, for example, may prolong the effects for several hours. An experienced user can maintain a "high" for as long as 12 hours by periodic sniffing. Brain depression leading to unconsciousness rarely occurs. For the majority of users, most effects pass within an hour after sniffing is discontinued. Hangover and headaches lasting several days may follow use, although less commonly than after alcohol consumption.

Sniffing of solvents and aerosols has been associated with many fatalities. The most common type is the "sudden sniffing death" which occurs most frequently during abuse of aerosol sprays (fluorocarbons), spot removers (trichloroethane, carbon tetrachloride), and model airplane cement (toluene, acetone). It is believed these substances cause the heart to react abnormally, especially to stress or intense exercise, causing irregular heart beat (arrhythmia) which may result in sudden death. Asphyxia or suffocation due to sniffing solvents from a plastic bag may also be fatal. Some accidental deaths have resulted from bizarre behavior caused by sniffing.

Long-term effects are those which appear following repeated use over a long period of time. These include pallor, fatigue, forgetfulness, inability to think clearly or logically, tremors, thirst, weight loss, depression, irritability, hostility, feelings of persecution, and reduction in the formation of blood cells in the bone marrow caused by aromatic hydrocarbons such as benzene. Many of these long-term effects are reversible if drug use is stopped.

Most liver and kidney impairment caused by abuse is also reversible. However, cleaning fluid (trichloroethane) and aerosol sprays (fluorocarbons) can cause permanent damage. Simultaneous alcohol ingestion or a liver or kidney disease are factors which may compound the damage.

Permanent brain damage is rare, although it can occur after lengthy solvent abuse. In general, interference with brain function is temporary.

Some researchers have reported chromosome damage and blood abnormalities among chronic users. These effects are still under study and are not proven at present.

Inhalants and pregnancy

Little is known about the effects of inhaled volatile hydrocarbons on pregnancy and fetal growth.

Tolerance and dependence

Regular use of inhalants induces tolerance, making increased doses necessary to produce the same effects. After one year, a glue sniffer may be using many tubes of plastic cement to get the "high" originally obtained with a single tube.

Psychological dependence may also develop. Psychological dependence exists when a drug is so central to a person's thoughts, emotions, and activities that it is extremely difficult to stop using it. This condition is marked by a compelling need or craving to keep taking the drug.

Physical dependence, a state wherein the body has adapted to the presence of the drug and withdrawal symptoms occur if its use is stopped abruptly, also occurs among some chronic users. Withdrawal symptoms such as chills, hallucinations, headaches, abdominal pains, muscular cramps, and delirium tremens (DTs) have been noted.

Who uses inhalants?

The majority of users range in age from eight to 16, with an average age of 12 to 13. However, some heavy users are in their late teens, early 20s, or even older. A 1979 Addiction Research Foundation survey of drug use among Ontario students in grades seven to 13 showed 4.3% had used glue and 6.2% had used other solvents at least once during the preceding year. Among those aged 12 and 13, the rate of use was highest at 7.1% for glue and 9.3% for other solvents.

Because solvents are widely available and easy to obtain, some users are found in prisons, factories where solvents are manufactured and processed, and Indian reserves where gasoline sniffing has sometimes reached epidemic proportions. Most users come from families where one or both parents are absent. Hostility and lack of affection are common characteristics of their background, although not specific to them. More boys than girls inhale solvents.

Why do people use inhalants?

People report various reasons for using these substances. Curiosity and social pressure are factors, although many stop once their curiosity is satisfied. Those who continue drug use report that they like the "high" following inhalation. Others claim to use solvents to reduce anxiety or depression, to compensate for feelings of inferiority, shyness, and insecurity, or to relieve boredom.

Solvent abuse has been associated with antisocial behavior such as dangerous driving, larceny, property damage, shoplifting, and theft. It is not clear that the drugs cause such behavior. Most likely, sniffing is more common among those who would engage in these acts in any case.

Therapeutic uses

There are no known therapeutic uses for inhaled volatile hydrocarbons.

Inhalants and the law

Possession and use of volatile hydrocarbon substances are not controlled under Canadian law. However, courts tend to treat abusers as juvenile delinquents.

Some aspects of packaging, labelling, and sale are regulated by the federal Hazardous Products Act, but a more effective legal approach to control the availability of these substances is frequently called for. However, due to their wide consumer and industrial usage, a general formula for stricter control would seem impractical. Some states in the US have passed laws which either restrict the sale of glue or declare the practice of sniffing a solvent for the purpose of intoxication to be unlawful. The results of this approach have not been determined. Voluntary cooperation among manufacturers and retailers to limit the access of potential abusers to these products appears to be practical. Concerted community action to decrease the availability of these substances, and to provide other pastimes for youthful abusers, has been recommended.

In recent years, fluorocarbon aerosols have been investigated for possible damage to the protective ozone layer above the earth. As a result, manufacturers have reformulated most of their products around alternative hydrocarbon propellants. Federal government regulations restricting fluorocarbon usage in Canada took effect in December 1979.

INTERNATIONAL

UK wants help from alc industry, volunteers...

LONDON — Faced with worrying signs of increasing alcohol consumption in the United Kingdom, health and social services secretary Patrick Jenkin has adopted what is now recognized as the standard response for the present government — pass the buck.

He has told the annual meeting of the National Council on Alcoholism here that both the drinks industry and the voluntary bodies should do more.

"There is much more common ground than is often supposed between those who earn their living from the manufacture and sale of alcoholic drink and the bodies concerned with the dangers of alcoholism," he said.

"The time has come for this

common ground to be turned into common action."

Mr Jenkin pointed out — although it was not exactly new ground — that in the eyes of "millions of ordinary folk" alcohol was a pleasurable and perfectly acceptable part of social life. And he added that "if sensibly used" it caused no harm.

But he went on to concede that the misuse of alcohol was causing health and social problems that had reached epidemic proportions.

What did Mr Jenkin suggest to deal with the epidemic?

"The aim is simply stated," he told an attentive audience. "It is to create such an understanding of the problems of alcohol misuse

that people who wish to drink are persuaded to do so sensibly and in moderation.

"I believe the time has come for the representatives of the drinks trade — both manufacturers and retailers — and representatives of the bodies concerned with the misuse of alcohol, to sit round the table in a common forum.

"To continue as if there was open warfare no longer makes sense. All involved must seek out the common ground and work together to find common solutions.

"Of course, the issues concern many more than those two groups. Doctors, teachers, employers, trade unions, and the advertising industry — all will need to be involved.

"Is this a hopeless quest? I do not think so. There are many indications that different interests and different points of view are converging."

Mr Jenkin gave as his example the enactment of the Licensing (Alcohol, Education and Research) Act following negotiations between the National Council on Alcoholism, the Brewers' Society, the National Union of Licensed Victuallers, and other interested organizations — setting out the purposes of the Alcohol Education and Research Fund.

The fund will be used to educate the public on the causes and effects of alcohol misuse and to promote research into means of preventing it.

The minister concluded he would like to see a new initiative to set an alcohol forum to explore the common ground.

Later, a spokesman for the Federation of Alcoholic Rehabilitation Establishments told **The Journal**: "Perhaps one note of caution needs to be sounded. In the euphoria of a newly-discovered common ground between all parties in the alcohol world, the central responsibility of government must not be overlooked or lost.

"In the long run, however cordial the dialogue and sensible the proposed solutions, it is only a committed and supportive government policy which will breathe life into the new situation!"

Publican prepares anti-cig shrine

LONDON — One of Britain's best-known anti-smoking publicans, Mr Jack Showers, 77, has ensured that his campaign against the weed will continue even after his death.

He has built a tomb outside his pub, the New Inn at Apple-treewick near Skipton, Yorkshire, in which he and his wife Eve will eventually be interred.

And the tomb will bear an inscription, a 27-verse poem called *The Calvalcade of Cancer*.

Mr Showers says he hopes the tomb will become a shrine for non-smokers. For those who don't want to read Mr Showers' verses, a taped version — in his own voice — will be played to a background of strings and woodwind music.

Mr Showers' one-man campaign against the weed began 10 years ago when a popular barmaid at the pub, Bunty Smith, died of lung cancer at the age of 58. She had been a chain smoker.

The following day Mr Showers banned all sales and all consumption of tobacco pro-



Showers: his tomb a shrine for non-smokers

ducts, and even threatened to throw a bucket of water over any customer caught breaking the new rule.

Moreover he started writing his poem — *The Calvalcade of Cancer* — which he also called *A Lament to Bunty*, for reading aloud to any customer who sought a quiet puff.

Most press comment at the

time was sympathetic to the sorrowful reaction of the Skipton publican to the loss of his barmaid, but confident that he would have to give up after a few months.

Ten years later the Showers pub is thriving in its smoke-free atmosphere where vases of flowers have replaced ash trays.

...as NCA appeals for risk alerts on bottles

LONDON — The National Council on Alcoholism here has called for a warning message on bottles and cans of alcoholic drink. But it should not be a health warning as on cigarette packs, the council says. It should be a safety warning: "Do not consume if driving or using machinery."

The appeal came during the association's annual meeting after publication of what were described as "startling new figures" on the growth of problem drinking in Britain.

They suggest that one in 17 men and one in 100 women in Britain are now drinking more than the daily consumption of alcohol estimated to produce an increased risk of liver damage (more than 3½ pints of beer, seven single whiskies, or seven glasses of wine daily).

The council said in its annual report the problem is particularly acute in the younger age groups, with one in seven men in the 18 to 24 age group drinking more than the danger level, while one in 25 women in that age group do.

"Many of them are already experiencing symptoms of psychological or physical dependence on alcohol," the report adds. "One in four young males and one in eight young females have experienced more than three bouts of drunkenness during the past three months.

"As consumption has increased, so has abuse. Since 1971 per capita consumption in the UK has risen by over one third, and during the,

same period drunkenness offences have increased by 23% and drinking driving offences by 28%; deaths from cirrhosis of the liver by 22% and admissions for alcoholism to hospitals by 51%.

"In the face of such figures and as a means of prevention, the government should no longer leave the Code of Advertising Practice to a voluntary arrangement with the advertising and drinks industries.

"And any panel, whether it be the Advertising Standards Authority or the Independent Broadcasting Authority, vetting for alcoholic drinks should include nominated representatives of agencies concerned with alcohol abuse."

The report also says that the frequent portrayal of alcohol on TV programs should be investigated. A young person not legally entitled to consume alcoholic drink in public can be exposed to up to 10 acts of drinking on TV during a day's viewing.

Preventive intervention key in future

By Betty Lou Lee

HAMILTON — Too many helpers in the addictions field are standing downstream pulling bodies from the water. Too few are upstream, finding out what's pushing them in.

In an era of tight budgeting, these programs will no longer be affordable, Peter O'Donnell of McMaster University told the annual Institute on Addiction Studies. Mr O'Donnell, a former counsellor, is now a graduate student in religious education.

"It's time we got out of many of the downstream programs. The longer we go on, the harder it will be to shift to the upstream ones for early diagnosis or preventive intervention.

"As helpers, we've created programs at the secondary or tertiary levels that reinforce the idea you go for help because you can no longer cope, or the situation has exploded into crisis proportions and requires the help of others."

Upstream programs, primarily educative in nature, should teach people how to recognize the potential for problems in themselves and others, and practical growth skills, he said.

Acupuncture does work for some smokers

AUCKLAND, NZ — Acupuncture can help between 5% and 15% of people to stop smoking for at least six months, suggests a New Zealand study involving 405 subjects.

But, contrary to classical acupuncture theories, no difference was found between acupuncture points previously

reported as effective for smoking cessation and placebo points.

Reported success rates in other studies have ranged from 8% to 78% over six months.

Press-needles were implanted on the ear for three weeks in the study by G.P. Martin and P.M.E. Waite, of

the department of physiology at the Otago Medical School, Dunedin.

They found additional electro-acupuncture on the hand neither increased the probability of stopping smoking nor enhanced the reduction in smoking at three-week, three-month, or six-month follow-ups.

"It is therefore likely that a large psychological component is attached to acupuncture to stop people smoking," they said.

Daily consumption varied from 16 to 72 cigarettes among the six groups of smokers entering the study. The total drop-out rate of 31% included some who had stopped smoking, and therefore saw no need to return.

The authors concluded: "Considering that auricular acupuncture is extremely quick and inexpensive, then it may well be considered a valuable technique in smoking cessation."

The study was reported in the *New Zealand Journal*.

British men, not women, are smoking less

LONDON — The proportion of British adults who smoke is continuing to decline among men, but not among women. This is shown from the latest figures of the United Kingdom's Office of Population Censuses and Surveys General Household Survey (OPCS).

It shows that between 1978 and

1980 the prevalence of cigarette smoking among men fell from 45% to 42% of the adult male population while the proportion of women smoking remained at 37%.

The OPCS notes that thus the difference between the proportions of men and women who smoke in the UK more than halved between 1972 and 1980 (changing from 52%

of men and 41% of women in 1972).

The office adds that the overall fall in the prevalence of cigarette smoking between 1972 and 1980 reflects a fall in the proportions of both men and women who were light smokers (fewer than 20 a day) and a fall in the proportion of men who were heavy smokers.

INTERNATIONAL

Nigeria's first addiction course will tackle pot

By Pat Ohlendorf

TORONTO — At the end of this month, 75 Nigerian professionals will take part in an intensive two-week training program in drug abuse.

It is the first course in addiction studies to be held in Nigeria.

The program will take place at Benin University Teaching Hospital. Participants will include local health administrators, physicians, social workers, psychologists, village nurses, and other professionals. There will be sessions on basic pharmacology, chemical dependence, social policy, and psychological and social aspects of drug dependence, as well as training in specific treatment skills.

The trainees will then pass on their new knowledge and skills to co-workers and will use the information in direct treatment with patients and clients.

A main focus of the program will be cannabis, which, according to Donald Meeks, director of the School of Addiction Studies of the Addiction Research Foundation in Toronto, and member of the planning committee for the Nigeria project, is "the number one problem among the psychoactive substances" in Nigeria.

"Marijuana grows wild in Nigeria, as it does in many parts of Africa," Dr Meeks told *The Jour-*



Meeks: something needs to be done and soon.

nal. "The particular cannabis substance in use there is really much stronger than most varieties

we're familiar with in the West. A significant percentage of psychiatric problems in Nigeria and in

other African countries are said to be attributable to marijuana use."

A second focus will be synthetic drugs produced in the West and "dumped" in Nigeria.

There will also be some training related to alcohol.

Although very little epidemiological data exist on the extent of the drug problem in Nigeria, "the impression one gets is that abuse of psychoactive drugs (including marijuana) is widespread," Dr Meeks told *The Journal*.

"The problem is bad enough that there is concern among public officials and people who work in treatment centres that something needs to be done, and soon," he said.

Statistics may well emerge later on, Dr Meeks believes.

"Very often in developing countries, manpower development — and the sensitizing of professionals to the problem — has to precede epidemiological research," he said. "We've seen this happen in other developing countries, where professionals became interested in the problem through a training course and then undertook research, and data began to appear. We hope it will happen in Nigeria too."

The two-week, 60-hour course, first in a series to be held over three years, is sponsored by the International Council on Alcohol

and Addictions (ICAA) in cooperation with the Addiction Research Foundation of Ontario (ARF).

The project grew out of the concerns expressed by Nigerians during an ICAA-sponsored African seminar on drug and alcohol abuse held in 1979, and is modelled partly on a course in alcohol abuse at the Caribbean Institute on Alcoholism.

The Nigerian course is viewed as a pilot project in itself, and interested observers from other African countries will be present in Benin City.

Financial support comes from the Canadian International Development Agency (CIDA) and the United Nations Fund for Drug Abuse Control (UNFDAC). At the conclusion of the three-year project, the Nigerian government will assume responsibility for its continuation.

Members of the planning committee for the Nigeria project are Dr Eva Tongue, deputy director of ICAA, Dr John Ebie, professor of psychiatry at Benin University Teaching Hospital, and Dr Meeks.

Smoke outlawed

Two tobacco-producing countries, Kenya and Greece, have declared smoking in public against the law. The two governments, which have been arresting and prosecuting offenders, are trying to persuade farmers to grow less lucrative but more beneficial crops.

Turks try new move to oust drug syndicates

VIENNA — Turkey is about to open the world's biggest factory for processing opium poppy-straw into morphine and codeine. Built in central Anatolia with much international assistance, the plant is intended as the final link in the country's comprehensive program to break free from interference by the international crime syndicates.

Turkey was once the source of 80% of the illicit heroin used by North American addicts. Since its two-year ban on opium poppy cultivation, which ended in 1974, Turkey has turned the domestic industry from an international disaster into a legitimate and profitable agro-business catering for the world pharmaceutical industry.

Its government has just signed a new, \$5 million agreement here in Vienna with the United Nations' Fund for Drug Abuse Control for a joint operation to stamp out Turkey's remaining links with the illegal trade.

The UN explains that "the remarkable success" of the Turkish authorities in eliminating illicit production of raw opium is based on the introduction of the poppy-straw process, which bypasses the traditional lacing of the poppy capsules.

Instead, the capsules are left on the field. The resulting poppy-straw is purchased by government agents at a guaranteed price for the production of valuable alkaloids at the plant — the first such commercial enterprise in a developing country.

The new plant at Bolvadin is to convert 20,000 tons of straw a year into 90 tons of morphine when full-scale production begins later this year. About half of this will be further refined into codeine and other alkaloids for sale to drug producers, creating a new source of export earnings for Turkey, as well as jobs for some 300 workers at the plant.

To prevent leaks, security at Bolvadin is so tight even photo-

graphy is forbidden within the fenced-in compound. The alkaloids are stored in a high-security bank vault.

Previous assistance by the UN fund has enabled the Turkish authorities to obtain the technology — available only for hard foreign exchange — assuring an efficient surveillance of the poppy fields. They have now established a radio network used in the supervision of the control system in the seven provinces where opium

poppy cultivation is authorized. The UN agencies have also provided training opportunities for Turkish law enforcement officers.

As a result, the chemical analyses of narcotics seized the world over confirm that the Turkish opium produced since the end of the American-inspired ban on cultivation has been excluded from the illegal trade.

But Turkey is still used by the traffickers as a principal transit

zone. Much of the opium grown in Iran, Pakistan, and Afghanistan is smuggled into Turkey for conversion into heroin at numerous clandestine laboratories. The end product finds its way to the black markets of Western Europe and North America. And the public health authorities there measure the cost in terms of the alarming current increase of drug-related deaths among the young.

The tough military regime in power in Turkey since last year

has made great efforts to end the transit trade. One reason for its determination is its belief that part of the revenues raised by the illicit trade is used for the purchase of terrorist arms.

Its new five-year agreement with the UN fund is to provide the technology needed to eliminate the transit traffic. The new UN investment is to be used to extend the region under opium surveillance to 21 provinces along the principal smuggling routes.

Trinidad, Tobago fight rising alcohol problems with cooperative, low-cost treatment program

By Alan Massam

LONDON — Alcoholism can be a persistent problem in third world countries particularly if they are acquiring new wealth and experiencing social change.

Yet a low-cost alcoholism treatment program may get excellent results in such territories, as Professor Michael Beaubrun explained to the World Conference on Alcoholism here.

He said that the twin-island nation of Trinidad and Tobago, with a population of one million, had been transformed from a relatively poor agricultural country to a relatively rich industrial one with the discovery of oil and natural gas.

This year, the country's annual budget is in the region of three billion United States dollars, with a per capita income of about US \$3000. Alcohol-related problems have escalated along with rising income, and per capita alcohol consumption is now more than 10 litres of absolute alcohol for those aged 15 and over.

A survey of medical wards in the largest general hospital in 1979 showed that 47% of all male admissions and 5% of female

admissions were alcohol related. Conservatively, it could be estimated that one quarter of hospital beds were occupied because of alcohol.

Professor Beaubrun said it had also been shown that there is a close relationship between the number of road accidents in Trinidad and the real price of alcohol. Rum is the most popular beverage, giving the largest amount of alcohol for money spent, although whisky is gaining in popularity with rising affluence.

It is quite possible to predict the number of accidents in any year given the per capita income and the price of rum — so close is the correlation between them.

The professor said that a 1978 survey of a representative sample of Tobago residents suggested that 13.8% of males and 0.5% of females are alcoholic. Rates for Trinidad are believed to be higher because of the different racial group distribution.

About 1000 new patients are hospitalized per annum for detoxification and rehabilitation in Trinidad and Tobago, ie, about one patient per thousand of population. There is only one 20-bed public in-

patient unit devoted exclusively to the care of alcoholics, and that unit — at St Ann's Hospital, admits from 400 to 450 patients per annum. The other patients are treated at small psychiatric units in the major general hospitals and at a few private clinics.

An uncertain number of other patients are detoxified on medical and surgical wards in the course of treatment for injuries and other alcohol-related illnesses, but many of these are never diagnosed as alcoholic.

Professor Beaubrun said that AA, which celebrated its 25th anniversary in Trinidad and Tobago in June of this year, has 115 active groups, with two hospital groups, 12 Al-Anon groups, and northern, central, and southern inter-group offices. "The total membership is about 4600, so about one in every 250 citizens is an AA member."

The government treatment program started at St Ann's Hospital in March 1956 — simultaneously with the birth of AA in Trinidad — and there has been close cooperation between them ever since. Detoxification and short stay rehabilitation are carried out in

the 20-bed unit and patients are followed up through outpatient clinics and home visits. AA plays a valuable part in follow up.

Community education is carried out by a voluntary national council on alcoholism with the aid of a government subsidy.

The professor added that, like most conventional treatment programs in the US and UK, the St Ann's program is affiliated to AA and solidly based on the disease concept. Life-long abstinence is the major goal.

Hospital stays are short — not more than two to three weeks — and costs are low.

Yet a seven-year follow up assessment of the earliest treatment group (the first 57 patients treated in 1956) showed that 52.6% had improved and were functioning satisfactorily, while 36.8% had been totally abstinent for two years (including those who could not be traced). If those who could not be traced were excluded the improvement rate was 66.6% and the abstinent rate 46.6%.

"Even if those who could not be traced were counted as failure, these were good results for a low cost public treatment program."

NEWS

Education essential first step

MD wants alc ed in med schools

TRACADIE, NB — Viewing doctors as the first line of defence, the chairman of the New Brunswick Alcoholism and Drug Dependency Commission (ADDC) has called for "alcoholism, our third killer disease, after heart disease and cancer," to be "brought into the medical education curriculum of every university in Canada."

G. Everett Chalmers was speaking at the September opening of the first treatment centre for women in northeastern New Brunswick.

He said he welcomed the calls of the Canadian Medical Association's Council on Health Care for a royal commission to study alcohol consumption and for an end to liquor advertising.

Dr Chalmers said he believes education is the first essential step and he hopes "one of their first recommendations would be to establish a committee of educational experts in alcoholism and drug abuse and their specific terms of reference would be a model program that could be integrated into the medical curriculum for all years in every medical school in Canada."

He said he had been trying "to bring to the attention of the medical profession the fact that alcoholism — the cause of 50% of traffic accidents and other violent injuries and death, with its serious effect on physical and mental health — is a disease and must be treated as such."

"Doctors are in the front line and must be educated to cope with the problem and be able to identify and diagnose alcoholism in its early stages. Treatment can then be started before the patient has become addicted, lost his/her job, or the family has been broken up."

Dr Chalmers said the opening of the four-bed unit for women at Tracadie's St Joseph's Hospital serves to remind the ADDC of the work yet to be done to fulfill all the

goals established by Director of Women's Programs, Joanne Cowan-McGuigan.

He said each woman requires special and different counselling techniques and treatment. "The alcoholic woman bears a double burden. She not only suffers from the stigma of drinking, but is looked upon as more of a moral transgressor than the alcoholic man."

"Feeling society's condemnation, she is frightened and ashamed. She is frightened by her inability to control her drinking and fearful that people will find out about it," Dr Chalmers said.

He characterized the alcoholic woman as needing help, but afraid to reach out for it and thus expose herself. He said she fears rejection by her children, divorce by her husband, abandonment by her friends, and a refusal of treatment by her physician.

The ADDC chairman said the percentage of women who drink has soared in the post-war period, and among teen-agers 90% of boys and 87% of girls have had their first drink by grade 12.

He said the authorities fear the increase in female teenage drinking will mean an increase in drinking problems among women

in coming years.

"It appears that women become addicted much quicker than men — often in four to five years. Hence, it is very important that the commission have an exceptionally good women's program developed, so that we can identify the troubled female early, intervene, and try to have her in our program as early as possible."

Dr Chalmers warned that alcohol is not a harmless drug, but a powerful toxin to the human body. It threatens virtually every organ system, killing cells and destroying tissues.

It also interferes with the com-



Chalmers: 'we need an exceptionally good women's program.'

plex metabolism of genetic material and other cells, resulting in a ruinous process that can also affect the unborn child.

"Alcohol is a depressant. It can anesthetize brain cells and even destroy them, causing brain atrophy. It can cause cancer of the larynx and mouth; ulceration, perforation and hemorrhage of the stomach; pancreatitis; cirrhosis of the liver with, finally, failure and death; acute and chronic pancreatitis; myocarditis of the heart; arteriosclerosis and hypertension; anemia; malnutrition; drug reactions."

More treatment centres soon

Health Minister Brenda Robertson, praised by Dr Chalmers for being "a tower of strength to the commission and an inspiration to all of us," noted that the ADDC Chairman had expressed his hope that women's treatment centres

would be opened in Campbellton and Edmundston before the end of 1982.

Mrs Robertson said she was more optimistic and hoped Campbellton would be open early in the new year, with

Edmundston following "not too long after."

She said the opening of the Tracadie Centre was an indication of the recognition by the New Brunswick government of alcoholism as a severe problem.

US heroin addicts bear 10,000 babes a year

SAN FRANCISCO — There are an estimated 100,000 heroin-dependent women of childbearing age in the United States, and they give birth to about 10,000 babies each year.

One hospital in Washington state reported that heroin-dependent babies born to addict-mothers constituted nearly one in 250 live births in 1972 — a sixfold increase in 20 years. Another, in New York City near Harlem, reported that the birth rate for heroin-dependent infants increased to one in 27 in 1972 from one in 164 deliveries in 1960.

These are some of the findings reported by a team of UCLA (Uni-

versity of California, Los Angeles) doctors in a recent issue of *The Western Journal of Medicine*. The ramifications of heroin addiction and pregnancy are discussed by Drs Richard A. Bashore and Klaus J. Stainsch of the department of obstetrics and gynecology; James S. Ketchum of psychiatry; Cynthia T. Barrett of pediatrics; and Emery G. Zimmerman of anatomy and neurology.

They found that addict-mothers are generally younger than their non-addict counterparts, are unmarried or separated from their spouses, and, in disproportionate numbers, tend to be members of ethnic minority groups.

Heroin addiction during pregnancy creates a wide range of social and medical problems. The effects of addiction may be passed on to the developing fetus, leading to long-lasting effects of addiction such as retardation, behavioral abnormalities, and delayed development of the nervous and muscular systems in offspring. The abnormalities can occur even if the mother's addiction is being treated with a heroin substitute such as methadone.

Addict-mothers have high incidences of health problems. Approximately 60% have malnutrition and anemia, 27% have syphilis, 80% have hepatitis, and

90% have drug-caused chest problems.

The incidence of sudden infant death syndrome is 2% among the addict-infant population — seven times greater than in the general population.

In newborn infants of addict-mothers, withdrawal symptoms appear in about 75% of the heroin-dependent and in nearly all of the methadone-dependent. Treatment of infants involves slowly reducing the dependency through various medications.

The UCLA team found that many of the problems experienced by addict-mothers and their infants may not be directly related to heroin, but rather to the poor nutrition and infection associated with heroin use.

It is not known what percentage of addicted women become pregnant, but it is estimated that at least 50% of woman addicts turn to prostitution to support their drug habits, so the potential is high for pregnancy, venereal disease, and other forms of intrauterine infection.

Roughly 75% of all addict-mothers fail to get adequate prenatal care. This appears to be related to their stillbirth rate, which ranges from 17 to 60 per 1000 births, in contrast to a rate of 14 per 1000 births in the general population.

The authors conclude it is important to keep in mind that many deaths occurring among infants born to addict-mothers are attributable to substance dependence that is not recognized and properly diagnosed; if such dependence goes undetected, these infants often die of dehydration.

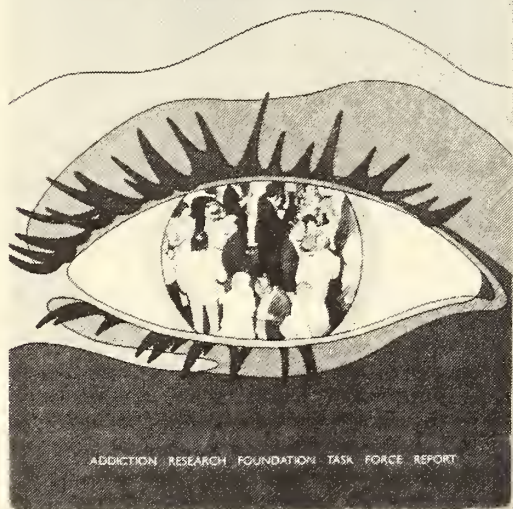
CORRECTION

A retrospective on compulsory treatment — (The Journal Sept), stated the first director of the Brannan Lake treatment facility in British Columbia had been fired. The director resigned. The Journal apologizes for the error.

NEW!

ALCOHOL — Public Education and Social Policy

Public Education and Social Policy



ARF Task Force Report

This 234-page report is as objective and complete as any document on health education and social policy in the alcohol and drug field. Throughout its 30 years of existence the Addiction Research Foundation has used a variety of prevention strategies and tactics. In 1980-81 a 9-member Task Force on Public Education and Social Policy was formed to examine information, education, communication, and prevention functions both in Ontario and in the international arena. The authors present:

1. a brief historical overview of alcohol problems, economics, conceptualizations, and solutions;
2. a review of the effectiveness of education and information approaches, and
3. a review of the impact of regulatory and control policies regarding alcohol.

The report concludes with an extended consideration of alternative avenues to be explored in promoting policy recommendations for the prevention of alcohol-related problems.

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DEPARTMENT

Projections

The following selected evaluations of audio-visual materials have been made by the Audio Visual Assessment Group of the Addiction Research Foundation of Ontario. The ratings are based on a six point scale. For further information, contact Susan Reid, coordinator of the group, at (416) 595-6150.

**And Now We Are Ten
10th Anniversary
Celebration Of the ARF
Audio-Visual
Assessment Group**

In September, 1971, the Addiction Research Foundation's Audio-Visual Assessment Group was constituted and the first meeting of the group, chaired by Vern Lang, was held in October of that year. Since the group's inception, 497 films, filmstrips, videotapes and slide presentations have been reviewed and reported in the ARF publication, *Projection*.

This month a brief outline of the A/V Group's activities in the past ten years will replace the usual column of recent film reviews compiled by the group.

**Purpose of the
A/V Group**

Audio-visual materials are widely used as a method for disseminating information to groups of people, starting discussion and reinforcing concepts raised in the course of an educational program. Concern has been raised with respect to the appropriateness of the audio-visual materials being used in relation to the alcohol and other drug field. The A/V Assessment Group attempts to ameliorate this problem by providing comprehensive evaluations of such materials made by knowledgeable people who are involved with this area of study. The reviews often act as a screening device for administrators, educators, health consultants and so on, who are involved in the purchase, rental or loan of films for educational settings.

Group membership

The A/V Group, consisting of approximately fifteen members, meets ten times a year and views an average of five films per meeting. The group consists mainly of ARF staff from the various divisions and regions of the Foundation. In recent years, the membership has been expanded to include representation from the outside professional community.

Composing the reviews

A/V materials are assessed using a questionnaire which has been refined through the years to its present sixth edition. Members are asked to judge the effectiveness of the film in terms of its accuracy, content, emotional impact, contemporary nature, appropriateness to the target audience, as well as to rate the film on a six-point scale ranging from poor to excellent, with an acceptable film falling in the area of 3.5. Of the films reviewed so far, 57% were rated below 3.5 and 43% rated at 3.5 or better. Subject headings for the film are chosen from a list of 29 categories.

The data collected from these questionnaires, coupled with notes

taken during the film and the group's discussion of the film, are the basis for the compilation of the publication *Projection*.

**Selection of materials
for review**

A number of sources are used to select materials for review: film distributors, professional suggestions, journal articles, drug education curriculum guides from Ontario boards of education, television sources, etc. Sixty-one percent of the materials reviewed to date have been assessed within two years of production to ensure that new materials on the North American market are assessed before professionals invest large sums of money into their purchase. Despite efforts to review a variety of drug related films, the majority of films produced and utilized are alcohol related, and therefore the majority of film

reviews deal with alcohol related issues.

**Utilization of the
review service**

As of September, 1981, the monthly publication *Projection* is being distributed to over one thousand subscribers around the world. The majority of subscriptions are within Ontario with the largest recipients being Ontario schools. This service is provided free of charge to all residents of Ontario, and outside the province a nominal fee is charged to subscribers at present.

Evaluation of this service

There have been a number of evaluative studies carried out by the Foundation over the past ten years which have indicated that the publication *Projection* is useful in selecting educational

materials and the group's assessment of A/V materials matches closely the ratings of the same materials by elementary school children and community groups.

Future trends

The past ten years of A/V reviews have provided a useful device for people working in the field of alcohol and other drugs to promote drug education through the use of audio-visual materials. Refinements, of the assessment instrument itself, of the member-

ship of the group (to approximate a multidisciplinary team), and of the range of subject headings (to cover a greater number of disciplines) have all been significant in fulfilling the original purpose of the group, as well as in increasing its usefulness to a wider audience.

There will be yet more refinements over the next ten years, and the work of the group will be expanded to include still more disciplines involved in drug education for various audiences.

**Drugs and The Nervous
System**

Number: 468

Subject Heading: Drugs — pharmacology; drug use — etiology and epidemiology.

Details: 17 min; 16mm; color.

Synopsis: Drugs affect the body in many ways: some may be very useful; others may be misused and cause problems. Many children have died from sniffing glue and others have suffered permanent brain damage. The film illustrates

the effects of the different classifications of drugs (eg depressants, stimulants, hallucinogens).

General Evaluation: Poor (2.1). The film technique was judged out-of-date with its emphasis on psychedelic effects. The A/V group felt the film was boring and the information was inaccurate and incomplete.

Recommended Use: The film was not recommended for any age group, but if used a resource person is essential to deal with the misinformation.

"A very timely collection ... enthusiastic and imaginative"

— Toronto Star

"Welcomed by those who prefer a drink that is wholesome, nutritious, tasty, and without alcohol"

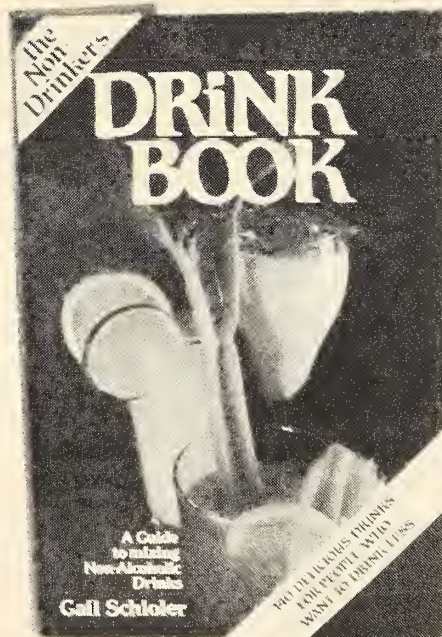
— Publishers Weekly

"Lists and explains 140 delicious drinks for people who want to drink less"

— The Winnipeg Sun

"Folks interested in fitness, health, clear-mindedness and the other marvels of sobriety will welcome Schioler's No Nonsense Nog and Apple Annie and Spizzerinktum"

— Gallery Magazine



Gail Schioler, the wife of an Ottawa diplomat, entertains frequently. When she realized that many of her guests were choosing not to drink or to drink less, she began experimenting with and collecting new recipes for non-alcoholic punches, cocktails and nogs. The Non-Drinker's Drink Book is the result.

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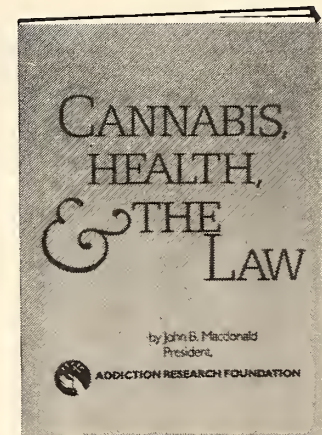


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**What is the Foundation's
position**

**on cannabis use?
on control policies?
on the health risks?**



CANNABIS, HEALTH, AND THE LAW

by John B. Macdonald

President, Addiction Research Foundation

The answers to these often-asked questions are given in this 14-page booklet. Also included is a concise summary and consideration of the relevant factors contributing to the Foundation's recommendations to the general public and to provincial policy makers. This essay first appeared as the introduction to the Foundation's **Annual Report, 1980-81.**

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DEPARTMENT

New Books by RON HALL

Primary Prevention of Alcohol Abuse and Alcoholism: An Evaluation of the Control of Consumption Policy

... by David Joshua Pittman

Attempts to control people's drinking by restricting the availability and advertising of alcohol beverages and by raising their cost through higher taxes will not achieve the goal of reducing alcohol abuse, according to the author. The study indicates that complex cultural, psychological, biological, and social forces involved in problem drinking are not addressed by programs such as control of availability. Social stress, stigmatization or discrimination, and lack of prospects for individual betterment are

identified as main causes of widespread alcohol abuse in countries such as Poland, the Soviet Union, and Bulgaria, as well as some minority groups in Western societies. A suggestion is made that educating the public and providing the information needed for responsible decisions about drinking are more effective than controlling availability. Chapters are devoted to the role of beverage alcohol in human societies; primary prevention; problems of measuring alcohol consumption; an analysis of the control of consumption model; the control of consumption model and physical health damage; alcohol control policies; and primary prevention of alcoholism and alcohol related damage.

(Social Science Institute, Washington University, St Louis, MO 63130, 1980. 96p \$10.00)

The High Cost of High Achievement

... by Herbert J. Freudenberger with Geraldine Richelson

Burn-out and its symptoms are described and examples are drawn from management, families, organizations, and the helping professions, including teachers and social workers. A checklist of symptoms such as increasing irritability, cynicism, disenchantment, and other manifestations of emotional and physical fatigue, is presented. The authors present cures and advice for prevention to help the potential burn-out victim to recognize the problem, to turn it around, and to begin working and living realistically. In a chapter dealing with false cures, the use of cocaine and other drugs is discussed.

(Anchor Press, Garden City, NY 1980. 236 p. \$9.95)

The Secret Everyone Knows

... by Cathleen Brooks

This booklet is intended for children whose parents have drinking problems. It presents the author's experiences as the daughter of two alcoholic parents and describes

her feelings toward her parents, friends, classmates, and others. Information on alcoholism is presented during the course of the booklet and the daughter's own drug using behavior is discussed. Alcoholics Anonymous is described and the role of Alateen is explained. A concluding chapter is directed towards parents.

(Operation Cork, 4425 Cass Street, San Diego, CA 92109. 1981. 40 p \$1.00)

Other Books

Alcohol and Aldehyde Metabolizing Systems — IV — Thurman, Ronald G. (ed), Plenum, New York, 1980. Proceedings of the Third International Symposium on Alcohol and Aldehyde Metabolizing Systems held in Toronto, July 14-15, 1979: enzymology; biochemical compartmentation and intermediary metabolism; neurochemistry and neuropharmacology. Index. 835p.

Psychopathology in Animals: Research and Clinical Implications — Keehn, J. D. (ed), Academic Press, New York, 1979. Psychopathology in animal and man; natural animal addictions; psychosis and drug-induced stereotypes; role of conditioning in drug tolerance and addiction; ethics and animal experimen-

tation. Index. 334p. \$20.00.

Advances in Substance Abuse: Behavioral and Biological Research — Mello, Nancy K. (ed), JAI Press, Greenwich, 1980. Animal and human drug taking comparisons; smoking behavior; effects of ethanol and narcotics on neuroendocrine function; medical consequences of marijuana use; PCP; genetic factors in alcoholism; alcohol abuse and fetal growth. Index. 376p. \$37.50.

Quantitative Explorations in Drug Abuse Policy — Levenson, Irving (ed), Spectrum, New York, 1980. Cost of drug abuse to society; incidence of heroin use; retail price of heroin; impact of drug addiction on criminal earnings; prevention and deterrence; patterns of heroin use; effectiveness of legal sanctions on individuals addicted to alcohol and other drugs; effect of an education program upon student drug knowledge, use, and psychological states; employing the ex-addict. Index. 191p.

Drugs in Relation to the Drug User: Critical Drug Issues — Einstein, Stanley (ed), Pergamon, New York, 1980. Evaluating drug use; treatment; acute and chronic intervention. Index. 351p. \$35.00.

Legal and Illicit Drug Use: Acute Reactions of Emergency-Room Populations — Inciardi, James A, McBride, Duane C, Pottieger, Anne E, Russe, Brian R, and Siegal, Harvey A, Praeger, New York, 1978. Incidence of acute drug reactions at a hospital emergency room, 1972-76; public versus private hospitals; interview data; adverse alcohol-reaction patients; crisis intervention; drug-related deaths. Refs, index. 185p. \$20.95.

Predicting Adolescent Drug Use: Utility Structure and Marijuana — Bauman, Karl E, Praeger, New York, 1980. Version of utility theory; research design and questionnaire; utility structure of non-users and their subsequent use of marijuana; recency and frequency of marijuana use; utility structure and antecedent variables. Appendices, index. 182p. \$20.95.

Alcoholic Korsakoff's Syndrome — Butters, Nelson and Cermak, Laird S., Academic Press, New York, 1980. An information-processing approach to amnesia; clinical symptoms, neuropathology, and etiology; memory model; long-term and short-term memory; theories of amnesia; sensory capacities; memory and cognitive disorders. Refs, index. 188p. \$20.00.

Smoking for Two: Cigarettes and Pregnancy — Fried, Peter A. and Oxorn, Harry, Free Press, New York, 1980. Involuntary smokers; constituents of smoke; weight gain during pregnancy; placenta; fetal growth; birth weight; newborn; long-term effects. Glossary, readings, index. 146p. \$8.95.

Current Psychiatric Therapies. Vol 19 — Masserman, Jules H. (ed), Grune and Stratton, New York, 1980. Dyadic, family, and group therapies; pharmacotherapy; therapy of addictions; institutional therapies; transcultural considerations. Indices. 218p. \$29.50.

The Light on Synanon — Mitchell, Dave, Mitchell, Cathy, and Ofshe, Richard, Seaview Books, New York, 1980. How a country weekly exposed a corporate cult — and won the Pulitzer Prize. Index. 307p. \$10.95.

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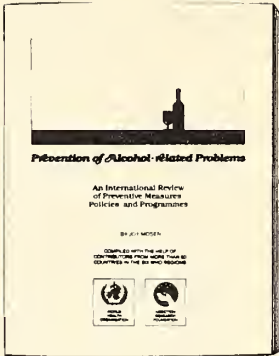
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Prévention of Alcohol-related Problems

WHO/ARF International Review

by Joy Moser



This review has been prepared to help Member States in the formulation and implementation of policies, strategies, and plans of action. It sets out detailed information on the extent and nature of alcohol problems, on the range of preventive possibilities, and on the programs and policies adopted in a large number of countries. The material has been obtained not only by examination of the extensive literature, but also by direct contact with concerned people in more than 80 countries.

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DEPARTMENT

Coming Events

Canada

Association for Advancement of Behavior Therapy 15th Annual Convention — Nov 12-15, Toronto, Ont. Information: Mary Jane Eimer, Executive Director, Association for Advancement of Behavior Therapy, 420 Lexington Ave, New York, NY 10170.

Annual Meeting of the Ontario Psychiatric Association — Jan 28-30, 1982, Toronto, Ontario. Information: Frank E. Cashman, Clarke Institute of Psychiatry, 250 College St, Toronto, Ont M5T 1R8.

Detox Training Program (Non-Medical) — Feb 22-26, Apr 5-9, Toronto, Ontario. Information: Gord Gooding, Detox and Rehab Programs, Addiction Research Foundation, 33 Russell St, Toronto, Ont M5S 2S1.

Annual Convention of the Ontario Psychological Association — Feb 11-13, Ottawa, Ontario. Information: Dr Carl Rubino, Dr Pierre Ritchie, Ontario Psychological Association, 1407 Yonge St, Ste 402, Toronto, Ont M4T 1Y7.

Mental Health Information Systems: Problems and Prospects — May 14-15, Toronto, Ontario. Information: Hincks Lectures, Ontario Mental Health Foundation, Ste 1708, 365 Bloor St E, Toronto, Ont M4W 3L4.

73rd Annual Conference Canadian Public Health Association — June 21-24, Yellowknife, Northwest Territories. Information: Gerald H. Dafoe, Executive Director, Canadian Public Health Association, 1335 Carling Ave, Ste 210, Ottawa, Ont K1Z 8N8.

United States

10th Annual Meeting of the Association of Labor-Management Administrators and Consultants — Nov 17-20, San Diego, California. Information: ALMACA, 1800 N Kent St, Ste 907, Arlington, VA 22209.

Grand Canyon International Conference On Treatment of Addictive Behaviors — Nov 17-21. Information: William R. Miller, Program Chair, Grand Canyon Conference, The University of New Mexico, Albuquerque, NM 87131.

3rd Annual Training Institute on Addictions — Nov 29-Dec 4, Hollywood-By-The-Sea, Florida. Information: US Journal, 2119-A Hollywood Blvd, Hollywood, FL 33020.

Sixth Southeastern Conference On Alcohol and Drug Abuse — Dec 2-6, Atlanta, Georgia. Information: Pat Fields, Registrar, Charter Medical Corporation, Addictive Disease Division, 5780 Peachtree Dunwoody Rd, Ste 170, Atlanta, GA 30342.

Narcotics, Vice and Intelligence Investigations — Dec 9-11, Orlando, Florida. Information:

Assistant Director of Seminars, Harper and Row Criminal Justice, 10 E 53rd St, New York, NY 10022.

Abroad

12th International Institute on the Prevention and Treatment of Drug Dependence — March 22-26, 82, Bangkok, Thailand. Information:

International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.

ALC 82, International Conference on Alcoholism — Mar 30-Apr 4, 1982, Oxford, England. Information: Dr Philip Golding, Broadway Lodge, Oldmixon Road, Weston-super-Mare, BS24 9NN, Avon, England.

First Nordic Congress on Traffic Medicine — June 8-11, Linköping, Sweden. Information: Mr Leif Bohlin, Congress Director, Linköping University, S-581 83 Linköping, Sweden.

28th International Institute on the

Prevention and Treatment of Alcoholism — July 5-9, 1982, Munich, Fed Rep of Germany. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.



Psychotropic Substances and Their International Control

Many of the world's nations have been reluctant to ratify the Convention on Psychotropic Substances (1971), a treaty which seeks to control the production, marketing, and export of dependence-producing psychotropics.

Consequently, the Addiction Research Foundation, in association with the World Health Organization and the International Council on Alcohol and Addiction, convened a meeting of international experts in September 1980 to examine the problems and benefits of the treaty, the surrounding issues, and some solutions.

This book includes the background papers prepared for the meeting and a report of the proceedings. ARF is publishing it for the benefit of governments, international organizations, and individuals interested in improving the international drug control system.

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Haiti: few obvious drug problems

From Jon Newton — a tourist's eye view of addictions in a country with an unenviable reputation.

PORT AU PRINCE — Haiti was the world's first Black republic. Its Declaration of Independence was announced by J. J. Dessalines in 1804, and it took almost another century-and-a-half before a second similar republic was born.

Kings, emperors, dictators, and presidents have all staked their claim on an island which today is divided into the Dominican Republic and the Republic of Haiti. Deadly enemies. And it was largely gold, coffee, cotton, and other natural resources found on the island which made France rich decades ago.

Today it has an unenviable reputation. British writer Graham Greene's classic novel *The Comedians*, later produced as a film starring Elizabeth Taylor and Richard Burton, probably did more than any other single thing to put Haiti on the modern map.

It told of a reign of terror started during the rule of the late president, Papa Doc Duvalier, when the infamous Ton Ton Macoute — begun as a Haitian volunteer force — murdered uncountable numbers. Haiti is also the literal home of Voodoo and of Zombies, the Walking Dead.

But in 1860 Victor Hugo wrote of Haiti: "I like your country, your race, your liberty, your republic; your splendid and delightful island pleases free spirits." Hugo knew a thing or two.

Today Haiti is a paradox in a world where material gain, the competitive "free" enterprise system, and overwhelming social pressures rule. The Caribbean Islands (although Haiti is, strictly speaking, in Latin America) are famous not only as temples for sun-worshippers, but also as convenient staging points for the inflow of drugs from Latin America to the United States. Jamaican ganja ranks high as one of the "brands" of marijuana most favored by smokers. And you can buy anything in the Bahamas, including a boat and crew ready and willing to transport your load of baled-up cannabis to North America.

Haiti, one would imagine, would be the perfect place to grow and ship drugs. But like some other preconceptions about the island, it fails. The late president, Papa



Rum — Clarin — has always had an important symbolic role in Voodoo ceremonies.

Doc (Francois) Duvalier, died peacefully as an old man; his son, Jean-Claude, now serves as president-for-life with his beautiful wife, Michelle. The tales of horror which may have been true in past times now seem hardly more than haunting memories.

The island is lovely, the people friendly, and it is a good example of a society in which there seems little need for anyone to look for oblivion through drink or drugs. The way of life appears, at least to the tourist, to be therapeutic. They even make baskets.

Sailors' ruin — rum, or rum — is brewed from sugar cane and it's probably Haiti's best-known export item. Poorer

natives drink (and get drunk on) Clarin, a badly refined spirit with the kick of a mule. Haitians moonshine with government approval. But the people one sees reeling about tend to be foreign visitors. Native Haitians may acquire a certain glassy look in their eyes, but are rarely seen very drunk.

Voodoo is not Black Magic but a heavy admixture of Christianity, African beliefs, local legend, and, more important, as much a religion to a large proportion of the 5.5 million inhabitants as Catholicism is to believers. And rum — Clarin — has always had an important symbolic role in Voodoo ceremonies.

High alcohol content apart, it has great religious significance. When one Haitian offers another a glass or bottle of Clarin, he is doing more than proffering a drink; he is also stating his sincerity. It is used as an intoxicant in the cities and country, but its other-world significance prevents its serious abuse. It's available all over to everyone. A two-year-old could buy a bottle and since 26 ounces cost the equivalent of about 40 cents, it's easily accessible.

Does this mean other recreational drugs are used? In many outlying areas, a more mystical form of Voodoo is practised, and it's likely that some of the trance-like states exhibited by individuals wrapped in the religion's rites owe their existence to naturally occurring drugs prepared by the Haitian equivalent of witchdoctors. But the substances rarely if ever find their way into the cities where they might be abused, and questioning local people about the nature or composition of these preparations ends conversation.

Marijuana is used, but rarely, by people in the lower classes. Visitors to the island looking for a cheap high are invariably disappointed. One big tourist attraction is the iron market, and it's possible there to buy small quantities of "grass" by identifying people obviously from other nearby parts of the world. But anyone caught trafficking in any kind of drug is not only likely to end up incarcerated in a very unpleasant jail, but will also probably be badly beaten just to make sure the message sinks in.

A determined recreational drug seeker can find cannabis — if he's prepared to run the risk of singling himself out in a society where such activities are usually left to foreigners. But he'd end up with a twist of inferior weed at three times the price of a similar quantity in North America, and more likely be holding a piece of paper filled with grass — the real kind — as the "pusher" disappears into the crowd, clutching his easily earned \$15.

Tourists and visiting businessmen may be seen enjoying themselves with the in-

expensive (and very potent) rum punches night after night, but locals tend to have a definite party and leave it at that. This is not to say there are no alcohol problems, but rather that there is remarkably little evidence of any.

For anyone unfortunate enough to develop a problem, medical help is non-existent. The facilities are already stretched beyond their limits handling everyday illness without having to deal with addictions.

Wealthy young men and women about town can and do buy an ounce here and there, but they use it far less during an evening, say, than their North American counterparts, and only occasionally. Coke is available — for a very hefty price — and other narcotics are available for those desperate enough to pay an arm and a leg for the privilege.

The temperature during the hot times of the year hovers around 90°F, plummeting to 70°F or so during the "winter." Sun and sand are limitless, the rum is cheap and easy, and people seem to have a good time with, apparently, no sense of guilt when it comes to their equivalent of a night on the town. They get drunk, wake up with a huge hang-over, and laugh about it.

No one reprimands them (unless they do it too often) and the hangover is more of a joking matter associated with the special experience of drinking too much as an occasion rather than an experience. It is not a way of life.

Although small amounts of marijuana are grown in a few remote areas in the mountains, the bet is most of this finds its way to gullible foreigners.

The Ton Tons no longer appear to rule in terror, although they are still a part of the national security system and every village has its resident Ton Ton. Nothing happens anywhere in Haiti without someone in authority knowing about it. Anyone trying to grow his own little gold mine would soon find himself in very deep trouble.


In the addictions field, Haiti might be valuable to medical science for only one reason — it has few discernible drug or drink problems.



'The people one sees reeling about drunk tend to be foreign visitors.'



The Journal

Published monthly by Addiction Research Foundation  WHO Collaborating Centre for Research and Training on Alcohol and Drug Dependence Problems

Canada first to OK nabilone for cancer care

THC-like drug gets go-ahead

By Rhonda Birenbaum

OTTAWA — A synthetic form of tetrahydrocannabinol (THC) has just been licensed for use in Canada for treatment of nausea associated with cancer treatment.

Approval by the federal Bureau of Drugs here for the marketing of nabilone, makes Canada the first country in which a THC-like compound may be used legally in medical practice to treat patients suffering vomiting or nausea related to cancer chemotherapy.

"Trials with nabilone as an anti-emetic (anti-nauseant) demonstrate it does have potent pharmacologic effects," said Thomas Da Silva, chief of the Central Nervous System division of the bureau. "Clinical trials in humans demonstrated it does have anti-emetic properties."

Although not exactly a synthetic replica of the THC molecule, nabilone is a close analogue; it has the same anti-emetic properties as THC but not the marijuana-associated problems, he said.

Dr Da Silva said all research indications suggest nabilone is a more potent and reliable agent than THC as an anti-emetic, without the circulatory side effects.

Nabilone, which is indicated only for use in preventing the nausea and vomiting associated with chemotherapy, has several pharmacological advantages over THC, he said.

"Unlike THC, which accelerates heart rate and lowers blood pressure, nabilone has no effect at therapeutic doses on pulse rate, and produces negligible effects on blood pressure. And although we don't have conclusive evidence yet of its absorption, its dosage form is more reliable," he said.

THC, which is extracted from marijuana in a resin form, is not a good preparation. It is difficult to analyze, has a short shelf life, is not very stable, and is unreliably absorbed in the body, said Dr Da Silva.

Nabilone, on the other hand, is stable, available in crystalline form, is soluble, and could be guaranteed in terms of potency. It also seems to be more specific than THC, he said. And while nabilone has psychoactive effects and will produce a "high," it is less potent in this respect, he said.

"Quite a number of derivatives of basic THC have been prepared and at least a half dozen of them tested," said Dr Da Silva.

(see — Nabilone — page 2)

**Next month:
Calendar for
1982
by Yardley
Jones**

Just because your kids have started challenging you,
doesn't mean they've stopped loving you or needing you.



Teens and parents are targets of a new campaign by the Alberta Alcohol and Drug Abuse Commission. See story, page 3.

No false positives in pot smokers, study shows

By Harvey McConnell

WASHINGTON — Women who smoke marijuana will not produce a false positive urine test for pregnancy, despite anecdotal medical thought to the contrary.

This has been found by James Noland and colleagues at Indiana University School of Medicine, Indianapolis.

He presented their clinical findings at the scientific meeting here of the Association of Planned Parenthood Physicians.

Dr Noland told *The Journal*: "It has been heavily rumored in our area of the country, and particularly among planned parenthood clinics, that marijuana smoking was associated with the production

of a false positive result when the urine of women had been tested to see if they were pregnant. This had been the anecdotal report."

Dr Noland said that, in addition, a manual for family planning doctors had made a similar sort of point.

He continued: "However, in my own personal experience as an obstetrician and gynecologist, I have never seen this happen. I reviewed the literature and found no one had documented that marijuana would produce a false positive pregnancy report, nor could I find any study which had ever been done."

This prompted Dr Noland and his colleagues at the departments of obstetrics and gynecology, and pathology, to carry out the trial.

They had 14 men and women whom they kept in a controlled situation. Eight were women aged between 21 and 42 years, and six were males below the age of 30 who acted as controls.

Dr Noland said the men and women smoked a predetermined amount of marijuana, and then sequential urine tests were made over a period of four hours and a final urine test was made 24 hours later.

He added: "All of the urine samples show levels of cannabinoids, but none of the urine samples from the women registered a false positive result on a pregnancy test."

Pop preg-test theory in dispute

US holds world lead in teen drug use

WASHINGTON — Marijuana use among teenagers in the United States appears to have levelled off, probably because of increased concerns about health and peer acceptance.

However, William Pollin, director of the US National Institute on Drug Abuse (NIDA), has noted in testimony to Congress: "In the view of our most experienced researchers, we now have the highest level of marijuana and other drug use among our young people of any developed country in the world."

In his testimony to two Senate

committees, Dr Pollin said it appears 1978 and 1979 were the years in which the dramatic rise in marijuana use among high school students peaked.

"The proportion of seniors attributing 'great risks' to regular marijuana use has risen 50% in the last two years, and the proportion who think their close friends would disapprove of such use increased 10% for the first time in 1980," he added.

Data gathered by NIDA shows a 2% drop in annual marijuana use and a 3% drop in monthly marijuana use (see — Contrast — page 2)

INSIDE

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- Kids and Teachers — Alcohol and the media p S1-S4
- Addictions up in Israel p 11

NEWS

Briefly...

Sugar sours fete

THE MOSEL VALLEY — Souring this year's Oktoberfest was the worst scandal in the history of this famous German wine-growing region; 6.2 million tonnes of sugar have allegedly been added to the highest class wines ("Qualitätswein mit Prädikat") since 1977. Although 2414 trials of growers, cooperative owners, wholesalers, and sugar industries are now underway, no one has been caught in the act and it's almost impossible to detect which wines have been sweetened, reports the London *Sunday Times*. The Rhineland Palatinate state prosecutor merely put two and two together: the volume of quality wines was much greater than warranted by the weather, and truckloads of sugar were being purchased by Mosel Valley firms. (While sugaring wines is legal in many countries, including France, in Germany it is strictly forbidden for the best wines.)

Merseyside meltdown

LIVERPOOL — Guilty of stealing £2½ million worth of beer kegs and melting them down into aluminum ingots, two leaders of the renowned "Merseyside gang" were sentenced here last month to four-and-a-half years in prison. But because a whopping £40 million worth of kegs has disappeared over the past two years, British brewers fear the Merseyside gang is just one of many.

Horn blasts high driver

WASHINGTON, DC — A startling, computer-controlled device that sets off a car's horn every second, and activates emergency flashers if the driver is drunk, has been developed by the United States National Highway Traffic Safety Administration. The warning device fits onto the steering wheel, and does its thing only if the driver fails a sensitive coordination test when turning on the ignition. NHTSA would like the courts to install the devices in the cars of habitually drunk drivers as part of the penalty they would receive in court.

Transfers laced

BELLEVUE, WA — A rash of paper-transfer tattoos (of the Mickey Mouse and Spiderman variety) were discovered here last month to have been laced with LSD. The hallucinogen can be ingested when children lick the transfers and it can also be absorbed through the skin. Police have warned parents about the "bizarre prank."

Bus battle

BIRMINGHAM, UK — A doctor and a bus company are gearing up for a battle over smoking. Surinderjit Bakhshi, head of a national campaign to ban the British custom of smoking on buses, assured *Doctor* there was widespread public support for his proposal. But, said a spokesman for the West Midlands bus company, "Dr Bakhshi's proposal has been considered by the County Council Transport Division — and it got no further than that."

We may see '1984' soon, says NDP

By Pat Ohlendorf

OTTAWA — With homes being invaded by the RCMP (Royal Canadian Mounted Police) and with mail being opened, it seems 1984 is much closer than some of us had thought," charged New Democratic Party justice critic Svend Robinson in the House of Commons recently.

"It is hard not to see Solicitor-General Robert Kaplan marching at lock-step with the RCMP toward a totalitarian future," echoed noted Toronto defence lawyer Clayton Ruby in a letter to the *Globe and Mail*.

What caused the flap was Kaplan's recommendation in the House of Commons that police be allowed sweeping powers in seizing drugs and apprehending traffickers.

Drug trafficking is "a growing problem and we're falling behind" in controlling it, he later told reporters.

Mr Kaplan suggested police be allowed to open first-class mail to search for drugs, as long as they were reasonably certain the package contained drugs and as long as they were under supervision.

He also suggested that Writs of Assistance, which have not been



Kaplan: sweeping powers?

used since 1976, be reinstated to allow police to search homes without a warrant. This would mean that police could break in before "thousands of dollars worth of drugs are flushed down the toilet," Mr Kaplan said.

Inspector Richard Dickens, assistant officer in charge of drug

enforcement at the RCMP, told *The Journal*: "There is a lot of drug traffic through the mails, and it's extremely difficult for us to stop it without being allowed access to it."

"I appreciate that this is a very sensitive area for the public, because first-class mail should be sacrosanct. However, on the other side, I don't think that people should take advantage of that privilege and be allowed to traffic in drugs."

Likewise, says Inspector Dickens, having to obtain search warrants hampers police tracking of drugs because "drugs can move so quickly (for example from house to house) and they're so small and concealable."

Only the RCMP could be issued with Writs of Assistance, says Inspector Dickens, who asserts that in the past "we just haven't abused these things. We've been ultra sensitive about the power that's bestowed in them."

But to critics, the infringements on civil liberties are just not worth the dubious possibility of strengthening illegal drug control.

Inspector Dickens' protestations to the contrary, Svend Robinson told *The Journal*: "Already there has been an overextension of

powers by the RCMP and a further extension of those powers will mean further abuse."

And lawyer Clayton Ruby points out that Writs of Assistance were abolished in the United States shortly after the Revolutionary War and have also long ago disappeared in England.

"Only in Canada does this particular thistle still grow and flourish," he wrote. "Unappetizing in most civilized forms of life, Mr Kaplan clutches it merrily to his bosom in the vain hope that he can use it to solve the drug problem."

Daily telephone calls to Mr Kaplan's office for a full week by *The Journal* elicited no response, despite assurances by secretaries that assistants would return the calls.

Contrast

(from page 1)

uana use among the young people. Although not large, the decreases are statistically significant and may be indicative of a basic underlying change.

"They certainly are in definite contrast to the rapid rise which took place up until 1978."

Dr Pollin noted that previous studies have shown the highest percentage of drug abusers are in the 18 to 25-year-old category. Demographic projections indicate this age group will decline in actual numbers between now and 1995, and as a percentage of the population.

"Accordingly, it is also projected that the number of young adult drug abusers will decline," he continued. "The one exception to this prediction is the fact that the non-white populations between the ages of 18 and 25 are not projected to decrease but increase between now and 1995."

Dr Pollin said the 10- to 14-year-old and 15- to 19-year-old populations will decrease in percentage between now and 1990, which should lead to a decline in drug abuse.

However, by 1995, there is expected to be an increase again in these populations, and efforts will be made to head off drug use in these age groups by that time.

Dr Pollin gave one warning. "Whenever we describe positive trends in this field, we must keep two points in mind: the historical tendency for many drug use patterns to move up and down, unpredictably; and that even with current improvement, how high our drug use levels continue to be."

New Survey — page 5



Parent to parents:

Parents are the answer in the fight against drug abuse by teenagers, says Nancy Reagan, wife of President Ronald Reagan of the United States. "We're in danger of losing our whole next generation," she said at a meeting at the White House with leaders of the National Federation of Parents for Drug Free Youth. She said drug abuse "is the most democratic illness there is," and cautioned parents to be on guard.

Drug expert may be new US ambassador to Bolivia

WASHINGTON — Full diplomatic relations may soon be resumed between the United States and Bolivia, and a veteran diplomat with expert knowledge of narcotics may be the next US ambassador.

President Reagan's adminis-

tration is reported ready to resume relations following a coup d'etat three months ago which threw out leaders patently tied to the cocaine trade. The government of General Celso Torrelío Villa pledges to curb Bolivia's massive

cocaine trafficking.

The US ambassador is expected to be Edwin Carr, who recently completed a term as ambassador to Peru, and who is a former assistant secretary for international narcotics affairs.

Nabilone will remain classified as narcotic

(from page 1)

"Nabilone seems to be the one that is more likely to offer advantages and is the first one to come to market."

But because of its similarity in effect and structure to THC, nabilone remains classified as a narcotic and under the jurisdiction of the Narcotics Control Act. Also, explained Ian Henderson, director of the drug bureau, licence for the drug was issued on the agreement that nabilone would be supplied only to centres, clinics, or hospitals treating cancer patients.

"The individual physician who wishes to prescribe it for a single patient would probably have trouble doing that. Nabilone will not be distributed to all the community pharmacists; only to

pharmacists who serve clinics where cancer chemotherapy is being conducted."

He expects this restriction on nabilone availability to prevent its abuse.

Robert S. Dolman, medical director of Eli Lilly Company of Toronto, the pharmaceutical firm that developed nabilone, said marketing of the anti-emetic agent will begin early in 1982. He said it is recommended to prevent nausea and vomiting before chemotherapy begins. The adult dosage is one or two mg of nabilone twice a day, with the first dose taken the night before a chemotherapy session, the second dose one to three hours prior to treatment.

"We don't have an injectable

systemic drug yet so if a patient on chemotherapy is already vomiting they're not going to hold the drug down," said Dr Dolman.

The only contraindication for nabilone is in patients with known sensitivity to marijuana and those with histories of psychotic reactions. Its safety in pregnant or nursing women and in children, however, has not been determined and so the product monograph suggests nabilone should be used with caution in such patients.

Dr Henderson said a special precaution is being issued for patients who may be driving or operating machinery.

"Since nabilone will often impair the mental and/or physical abilities required for the perfor-

mance of potentially hazardous tasks, the patient should be warned accordingly and should not be permitted to drive or engage in dangerous tasks until the effects of nabilone are no longer present."

Development and licensing of an anti-emetic THC derivative for cancer patients is viewed with some degree of excitement at the drug bureau. Dr Henderson said the staff there has been encouraging research into synthetic THC for about a year now, since supplies of natural THC, used in clinical trials of the drug, ran out. He said he actively urged the company that developed nabilone to submit its request for licensing and the bureau approved the submission in "record time — three months plus a day."

Alberta is aiming for 'minor changes'

Anti-alcohol program will accentuate the positive

By Pat Ohlendorf

EDMONTON — A long-term alcoholism prevention program — so low-key alcohol is not even mentioned in many of the media messages — is now underway in Alberta.

It's the brainchild of Jan Skirrow, new executive director of the Alberta Alcoholism and Drug Abuse Commission (AADAC), and is aimed primarily at teenagers.

"We chose to concentrate on adolescents not because adolescent drinking is an epidemic situation or even so serious as to require emergency treatment, but because their drinking patterns are not nearly as entrenched as those of adults," Mr Skirrow told *The Journal*.

"We feel if we can effectively reach that group, and make some minor changes in how they regard alcohol, over time we'll have an impact on the entire population."

The "minor changes" centre on shifting "haphazard, casual" drinking patterns to "more deliberate, more carefully considered" drinking.

"Throughout society we see people are being extremely casual about their use of alcohol, and that is leading to problems," said Mr Skirrow. "They're forgetting alcohol is an extremely powerful drug and has to be regarded with respect."

The Alberta campaign is a two-part program, aiming at both teenagers and their parents. In the media messages to adolescents, the program concentrates on development of individual responsibility and independence.

"Our research indicates all kids want to be successful," Mr Skirrow said. "They want to be happy; they don't start off wanting to be drunks."

Using those positive aspirations as a starting point, the AADAC campaign stresses (through radio, TV, and newspaper ads, direct

mail messages, a touring theatre company, and alcohol education material for schools) that along the road to success and happiness deliberate choices must be made.

"In some of our television ads we show kids doing things most other kids find very attractive and interesting to do," said Mr Skirrow. "And we're making the point that the person who's involved in this activity may have had to give up the odd party, but in fact they knew what they wanted. They made up their mind and they went for it."

In the part of the program aimed at parents of teenagers, the messages "explain the processes kids are going through and suggest how parents might support

them, the importance of the examples parents set, and the importance of their responses to problems or crises their kids get into."

The campaign is "very low-key," said Mr Skirrow. "There are no scare tactics, no dos and don'ts. We're trying to promote a positive view of the future. In some of our ads alcohol doesn't even appear."

The program, begun in September when Mr Skirrow became executive director of AADAC (replacing Mr Wilf Totten who had retired), is already being evaluated. Advertising tracking is measuring exposure of the ads and the messages being retained.

Longer-term evaluation includes a longitudinal study. "We will be

following 11- and 12-year-old children for five or six years to see how they respond to the campaign as it unfolds."

Finally, Alberta's adolescents are being compared to what Mr Skirrow describes as a "fuzzy control group" — Manitoba's teenagers, who will not have been exposed to the campaign.

"Of course if Manitoba begins its own prevention program aimed at adolescents then we're in trouble. But we've received reasonable assurance that they're not planning on doing anything like this for a while," he said.

The Alberta campaign comes at a time when the federal government is also considering long-

term, country-wide alcoholism prevention strategies aimed at adolescents (*The Journal*, Sept).

Mr Skirrow sits on the Advisory Committee on Health Promotion, the group responsible for preliminary studies on the federal effort.

"We in Alberta have offered our assistance in doing some of the additional detailed work that is necessary (to get the federal program going). Our commitment is that if they have resources, then we'll work with them to try to find some things they can do uniquely in Alberta that would benefit us. We are trying to find ways of working cooperatively with the federal government."

Sex differences 'must be recognized'

EAPs failing female alcoholics

By Rhonda Birenbaum

OTTAWA — Employee assistance programs (EAPs) that try to treat female alcoholics as they would male alcoholics are doomed to fail.

Louise Nadeau, director of the University of Montreal's training program in addiction, said alcoholism manifests itself in different ways in the sexes. The clinical picture is not the same for working men and women who drink, and EAPs must change if they are to service all employees, including women.

Ms Nadeau was speaking here at the 4th Biennial Canadian Conference on Alcohol and Addiction Problems in the Workplace.

Since their inception, EAPs have been notoriously more successful for men than women, Ms Nadeau said. While alcoholic women make up about one-third of Canada's alcoholic population, only about 5% of women are referred for treatment through assis-

tance programs. Failure of EAPs with women reflects a failure to reach the female proportion of the alcoholic sector of the population.

The problem of adapting aid programs for the needs of women rests mostly on failure to identify how the clinical picture of an alcoholic woman differs from that of her male counterpart.

"Alcoholic women are more depression-prone than men. They are never clear of their role in society and suffer problems of self esteem as a result. They have an internal, learned helplessness."

Possibly most important, said Ms Nadeau, women who over-drink fail to resolve the discrepancy between what society wants them to be ("passive, dependent, pretty, and unassertive") and what they, as working women, want of themselves ("personal striving"). For these women, alcohol becomes a form of adaptation, "a psychoactivator and an anesthetic," to deal with the sex

role conflict which makes up an important part of the alcoholic woman syndrome, she explained.

She suggested a woman at risk is:

- socialized to be dependent;
- prone to depression;
- uncertain of the solution to the sex role conflict; and
- powerless to control her environment.

In such women, a single stressful event can precipitate alcohol dependence.

Ms Nadeau said male ambivalence about sex roles is also a major contributing factor to depression and alcoholism in female colleagues.

Women, she said, are in double jeopardy on the job. Drinking is a part of the initiation to become accepted by male co-workers but men's ambivalence about competing with women sets the stage for addiction. Some women feel they must prove themselves good enough for a male-dominated work



Nadeau: discrepancy of expectations

environment, and fall into helplessness and identity conflicts.

She said: "The media supports this dissonant image about alcohol."

Also a problem is society's image of the alcoholic woman as a "fallen angel," she said. Both the EAP and her doctor will tend to treat her that way. "They fail to see the alcoholic woman. They believe 'nice ladies don't drink' and are shy to ask questions."

'Aye me old lads, this is dynamite stuff'

By
Wayne
Howell



A report in *The Journal* (Nov) says Randy Ludacer, a Florida resident, has applied to the United States government for letters of marque to pursue a career as a licensed privateer off the Florida keys. There, he plans to prey upon the drug smugglers known to infest those waters.

Would the United States charter a modern-day pirate in its war on drugs? It's highly unlikely. All the same, it is to be noted that the US made extensive use of privateers in the 18th century and refused to sign the 1856 Declaration of Paris that made privateering illegal, even though it was signed by Great Britain and other major European powers.

The Americans argued they needed licensed pirates because their navy could not be relied upon to do the job in times of war; they did not get around to signing an agreement to abolish privateering until the Second Hague Conference in 1907.

What if the United States were to hark back to its glorious seafaring past? We take you now to the bridge of the Yankee Ranger, licensed privateer out of Key Largo . . .

On the bridge the captain is plotting his

course by sextant when he hears a cry from the crow's-nest.

"There be a vessel off the port bow cap'n."

The captain scans the horizon carefully. "There be no vessel yon," he says.

The first mate has a suggestion: "If ye be abandonin' that stupid eye patch cap'n, perhaps ye could make 'er out."

With some reluctance the captain removes his badge of office and stares off into the distance once again.

"Aye matie, I sees 'er now, a makin' for yon mangrove key like she were afearin' the devil himself. As well she should be; for 'twas it not the brig Yankee that single-handedly seized \$5,000,000 worth o' British property durin' the war o' 1812; and 'twas it not the redoubtable Ranger with cap'n John Paul Jones at the 'elm that scourged the British coasts in 1778, capturin' the man-o'-war Drake, named after the greatest privateer of 'em all? We be part of a glorious tradition me lads. Now raise the colors and let's 'ave at the smugglin' rogues."

The Yankee Ranger gives chase. But as it draws closer, the first mate makes an observation: "It appears to be a naval vessel, captain. I think I can make out the markings."

With a blow from the broadside of his cutlass, the captain sends the unfortunate man sprawling on the deck.

"Scurvy knave — any more o' that talk and it'll be the plank for the likes of ye: there be nothing but pirate talk aboard

this stout vessel and don't ye be forgettin' it."

"Aye, aye cap'n," says the embarrassed mate.

With the aid of a brass telescope, the captain studies the markings on the suspect vessel. The markings do appear to indicate a naval patrol boat.

"Fie upon the devious smugglin' scalliwags and their cunning disguises," cries the outraged captain. "We'll close to 'er fast, rake 'er with grapeshot, board 'er, and keel-haul the lot of 'em."

"Beggin' your pardon cap'n," says the first mate, "but is it not true that both the Senate an' the House 'ave recently approved bills permittin' limited military 'elp to fight the war on drugs, and is it not true that the House bill authorizes the navy to participate in seizures and arrests outside o' the US land area? 'Twould be a fine state o' affairs 'twere we to keel-haul the lot of 'em only to discover they be the pride o' the United States navy. No doubt them stout navy lads be in pursu'it o' some wretched smugglers who 'ave holed up on yon mangrove key and 'ope to 'ave it out with cutlass and musket. 'Tis why them seem to 'ave taken no note o' our presence, even though we be comin' athwart 'em."

The captain sends the poor mate sprawling on the deck with a second blow from the broadside of his cutlass: "So what if she be a naval vessel ye thick-skulled scum? Know ye not that a task force o' the House Select Committee on Narcotics recently concluded that

49.2% o' our navy personnel use drugs on duty; 25% o' them use marijuana or hashish daily; and 31.8% o' them use amphetamines and other stimulants on a regular basis. I fancy there be more booty on yon naval vessel than on any ship that sails these waters!"

At the mention of booty, a great cheer goes up among the members of the boarding party assembled on deck, still smarting from the embarrassment of the previous day when they stormed a boat jam-packed with smugglers and too late discovered it carried nothing but Haitian refugees.

"Aye, booty me lads," says the captain. "Booty beyond our wildest dreams. It shivers me timbers just to think about it."

"Look lively now lads," cries the first mate, "we be closin' with 'em fast."

Seemingly oblivious to the danger, the naval vessel takes no evasive action. There is a crunching sound as the two hulls collide momentarily. Out go the grappling hooks. After the hooks come the nets, and the pirates storm aboard with blood-curdling shrieks and yells.

Meanwhile . . . aboard USN patrol vessel P 209:

"This is . . . this is really dynamite stuff man. Like, you wouldn't believe what I just thought I saw . . ."

"I see it. O my God — they've got daggers between their teeth and everything. Let's run for our lives . . ."

"Like I said, dynamite stuff man . . ."

NEWS

Top US agencies will remain key despite cutbacks

By Harvey McConnell

WASHINGTON — Many of the original goals set for the United States National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) have been reached and their reductions in size do not spell their demise.

This was the message Loren Archer, acting director of NIAAA, and Joel Egertson, federal strategy coordinator at NIDA, presented to the eastern regional conference here of the Alcohol and Drug Problems Association of North America.

Mr Archer said one original goal of NIAAA was to develop a comprehensive system for third party payments, and to move the responsibility for treatment and service from federal projects into an integrated system to be handled as any other type of disease.

"This has been one of the most dramatic accomplishments of the institute. Those who may have been around 15 or 20 years in the field can remember the difficulty getting hospital treatment or third party reimbursement," he added.

Another major success in the past decade has been the rapid infusion of programs into both public and private industry.

Although the maximum amount of services needed will never be reached, "we are so far ahead of what we were 10 years ago in treatment services it is unbelievable."

A point had been reached where a natural transition was inevitable, and before the block grant proposals were enacted the institute was moving into the transfer of many projects to the states.

Mr Archer continued: "The most painful thing about reaching

a goal is that you discover you have fewer functions, therefore some very talented people are hurt. But, unfortunately, as we reached a goal of development of adequate treatment services in the private sector, we really lost the need for some of our functions."

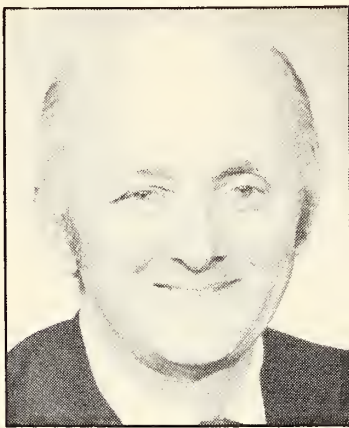
The institute needs to remain a major, national focal point concerned about prevention and rehabilitation, "and in the future we see our major mission to serve as a focal point for an influence on policy and direction."

Research into the biomedical, genetic, and pharmacological aspects of alcohol use and abuse will continue, and NIAAA will be a focal point in collecting information on alcohol-linked public health problems. A major effort will be made to disseminate research information to those in the field.

Mr Egertson said that in the case of NIDA, "we are light years ahead of where we were even 10 years ago in dealing with drug abuse. NIDA is particularly pleased that we have developed a true partnership with the states over the past decade."

It is possible the institute was ahead of its time in generating such programs as a statewide services concept, state prevention coordinators, and state training and support programs, all of which fit into the block grant system.

Mr Egertson said that having worked at the community, state, and federal levels in both alcohol and drugs, it seems to him "the critical role of the institute is the gathering of good information on the incidence and prevalence of trends, to select research activity with practical applications, and to respond to those trends and the prevailing health and social consequences."



Archer: 'focal point for influence'

"It is not just disseminating funds and information, but to somehow assure utilization of findings, techniques, and strategies. I think how we can be most helpful to the field is to exert national leadership and sustain what has been gained in the past decade."

Orgasms lost in drink

SALT LAKE CITY, UT — Sexual dysfunction is quite common among women alcoholics, suggests a study conducted at the Sex and Marital Therapy Clinic and the Alcohol and Drug Abuse Clinic, University of Utah College of Medicine.

In a group of 44 women, researchers found the percentage who reported never having experienced orgasm was almost twice that of a normal control group, 19% vs 8% to 10%. More of the alcoholics said they had difficulty becoming sexually aroused, and more than half said they faked orgasms.

The women, who ranged in age from 17 to 57 years, suffered not only from sexual dysfunction but also had gynecologic and obstetric problems. There was a high incidence of rape and incest, with 38% having been raped at an average age of 20 years. Incest was also common, and almost 40% reported they experienced sex play with a relative.

In the group, 40% had had one or more miscarriages. In addition, there was a significant positive correlation between miscarriage and sexual involvement with a heavy drinker or alcoholic.

Don't be put off by Reaganomics, expert advises

WASHINGTON — Drastic budget cutting by President Reagan's administration must not lead people in the United States substance abuse field to turn their backs on Washington, warns LeClair Bissell.

Dr Bissell, of the Edgemoor-Newport Hospital, Newport, RI, said while the US National Institute on Alcohol Abuse and Alcoholism "may not be perfect, and it may be small, I think its existence is more crucial now than it has ever been in the past."

Dr Bissell, in a keynote address to the eastern regional conference here of the Alcohol and Drug Problems Association of North America, said she is struck at times by the short period of federal alcoholism activity — one decade.

When former Senator Harold Hughes held hearings which led eventually to establishment of the institute, a big factor was the well-known people who admitted alcohol problems. Now the celebrities "come prancing out of the treatment centres" to climb aboard a bandwagon.

She chided people in the field for a seeming lack of interest at the moment in the replacement of John DeLuca as NIAAA director. "Why don't we get busy and show Congress we have more than a little caring about who gets the job?"

The fact NIAAA will have a research focus does not mean a diminution of the federal presence.

Dr Bissell warned that administration budget officials may have it in mind to do away with the institutes. A classic ploy is to cut a program to the bones and then point out the program is not doing anything and should be eliminated.

"Just because we are going through bad times does not mean it is going to stay this way. This is a sinking spell, not a total disaster. I think we can rebuild if we don't

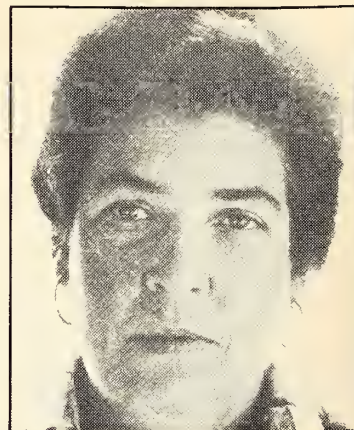
lose everything altogether," she added.

Dr Bissell said enactment of the block grants for the alcohol, drug abuse, and mental health fields could turn out to be a disaster if people are not careful. "The notion to throw one stake out there and hope everybody will get a fair share is probably a little naive. I think a fight is built in, and to pretend it is not going to happen is pretty silly."

"It's going to be different from state to state. But people are going to have to read in advance how drugs and alcohol will be divided up and then present a united front, because if they don't the fights and squabbles are going to take so much energy that not much else is going to happen."

Dr Bissell took to task those who, through greed, are going to hurt third party payments (private insurance) for substance abuse treatment. "There are some things we are doing to which I object most strongly."

She elaborated: "I thoroughly dislike what we are doing right now with family treatment, where we are 'medicalizing' the family. We are saying at the top of our lungs that everybody related to an alcoholic is sick."



Bissell: 'more crucial than ever'

RESEARCH UPDATE/ Austin Rand

BAL up, testosterone down

Despite studies showing that feeding an animal or human ethanol leads to reduction in plasma testosterone, it has not been clarified whether the observed effects are due to reduced secretion of testosterone or some other process, such as an increase in the speed of liver metabolism. Now Dr Charles Cobb and fellow researchers at University of Pittsburgh School of Medicine have demonstrated, with rat testes, that ethanol significantly reduces testosterone production and secretion. The levels of ethanol used in their experiments were equivalent to levels common in men who drink but are not alcoholics. "These results suggest that ethanol... is a direct testicular toxin," say the researchers.

Clinical Toxicology, 18 (2), 1981:149-154.

Rapid-smoking boosters fail

Booster sessions of rapid smoking do not enhance the effectiveness of that approach to quitting cigarettes, an Australian study indicates. (Rapid smoking typically involves one inhalation every six seconds until satiation.) The study examined the effects of combining the basic rapid-smoking approach with other procedures, including relaxation, contingency contracting, and booster sessions. There were variations in initial effec-

tiveness, varying from 50% to 80% success, but these rapidly disappeared, with the proportion of still-abstinent subjects falling to 20% by 12 months after the end of treatment. Among the other 80%, average cigarette consumption crept up slowly in the post-treatment period. By the end of the first year after treatment, average consumption among those continuing to smoke was 80% of baseline. Still, that's not bad, the researchers say, particularly since the average consumption figure was inflated by those who did not respond at all to the original rapid smoking treatment. For smokers in that group, the treatment was followed by a rise in consumption.

Behavioral Res & Therapy, 1981, v 19:389-397

Absinthe and art

Vincent Van Gogh's artistic vision may owe a good deal to the artist's use of absinthe, says Michael Albert-Puleo of Case Western Reserve University's School of Medicine. The liqueur is known to produce exaltation and visual and auditory hallucinations, explains Dr Albert-Puleo. Excessive use produces "unpleasant hallucinations, convulsions, paranoia, acute mania, headache, and hyperesthesia." These effects can be traced to the wormwood or *Artemisia absinthium* which is one of the principal ingredients in the

recipe for absinthe. Wormwood contains a stimulant known as thujone. Dr Albert-Puleo notes the use of absinthe was at a peak among the cafe set during the years when Van Gogh lived and worked, and Van Gogh's own intensive use of the liqueur is well recorded. In 1878, two million gallons were imported into the US, but use of the liqueur gradually died out after manufacture and importation were declared illegal in Switzerland (1908), the US (1912), and France (1915).

J Am Med Assoc, 3 July 1981: 42.

Resolution without treatment

Many problem drinkers, including "alcoholics," resolve their abuse problem without benefit of treatment, says Barry Tuchfeld, director of the applied social research program at Texas Christian University. In a review of 51 such cases, he found that similar precipitating factors were mentioned in many cases, with the most common being major life events such as pregnancy, illness, accident, or attempted suicide. Religious experiences were mentioned in 13 of the 51 cases, and personal humiliation due to drinking had a role in several. Commitment to change, if it was to be maintained, had to be supported by social conditions, particularly reinforcement from family and friends and participation in alcohol-free leisure

activities. The cases reviewed suggest, Dr Tuchfeld says, that acceptance of an "alcoholic" label is not central to resolving the drinking problem.

J of Studies on Alcohol, 1981, v42:626-640

Curtail caffeine in pregnancy

Given accumulating evidence regarding the dangers of caffeine, the US Food and Drug Administration recently removed the stimulant from the list of drugs "generally regarded as safe." It also issued a caution regarding the consumption of caffeine during pregnancy. That position, regarded as extreme by some, has now been supported in an article by Merri Morris and Louis Weinstein of the department of ob/gyn at the University of Arizona. They note that caffeine has undesirable effects on the uterus, causing vasoconstriction and reduced blood flow, and can readily enter the fetal circulation. It is also easily transferred into breast milk and can thus be passed to infants, who are poor at breaking it down and eliminating it. "Until more scientific data are available," say the authors, "it is our recommendation that moderate to excessive use of caffeine during pregnancy be curtailed and that mild use be decided on an individual basis."

Am J of Obstetrics and Gynecology, 15 July 1981: 607-610.

NEWS AND COMMENT

Pot, hard drug link needs re-study

By Harvey McConnell

WASHINGTON — The hypothesis that a causal relationship exists between marijuana use and use of hard drugs may have been rejected prematurely and now needs serious reevaluation.

William Pollin, director of the United States National Institute on Drug Abuse (NIDA) cited this point from a soon to be published survey, Young Men and Drugs, in testimony to two Senate committees.

Dr Pollin said the survey "is an extensive and meticulous study of a representative nationwide sample of 2510 young men, aged 20 to 30 years by O'Donnell, Clayton, et al. (*Journal of Chemical Dependence*).

"They found, for example, that whereas less than 1% of those young men who had never used marijuana went on to use cocaine and heroin, of those who had used marijuana 1000 times or more, three quarters, or 73%, went on to use cocaine, and one-third, or 33%, went on to use heroin," Dr Pollin told the senators.

The survey concludes the stepping stone hypothesis — a significant causal relationship exists between use of marijuana and use of other hard drugs — was rejected prematurely and needs serious reevaluation.

Dr Pollin continued: "Their data reveal also a significant

relationship between non-drug related criminal activities and marijuana use. For example, only 6% of non-users were involved in breaking and entering, whereas 27% of those using marijuana 1000 times or more were so involved."

Dr Pollin said surveys by NIDA have found:

- Marijuana users tend to use other drugs to a significantly greater degree than non-users. The earlier marijuana use begins, and the heavier it becomes, the stronger this tendency is.

- Twenty-seven percent of those high school seniors who report daily marijuana use also report daily alcohol consumption, versus only 7% for this age group as a whole.

- Fifty nine percent of high school seniors who report daily marijuana use report daily tobacco smoking, versus only 25% for the age group as a whole.

- Forty seven percent of high school seniors who report daily marijuana use report they are current users of amphetamines, generally four to seven times the average for the age group as a whole.

- Thirty one percent of high school seniors who report daily marijuana use report that they currently use cocaine, generally five to seven times the average for this age group as a whole.

Dr Pollin said high school seniors who use marijuana believe

it causes significant problems: less energy (49%); hurts school or job performance (34%); less interest in other activities (31%); thinking less clearly (28%); hurts relationship with parents (38%); less stable emotionally (11%).

Dr Pollin cited a number of health and educational consequences which have been found by researchers in recent years.

One of the most important public health issues is driving performance. He noted: "The age of peak marijuana use coincides with those of peak driving accident rates, and such accidents are the principal cause of death and injury in adolescents and young adults."

Dr Pollin said the goals for marijuana research in the 1980s will differ from those in the 1970s. He explained:

"During the 1970s, although NIDA was interested in supporting a broad based attempt to understand the problem of marijuana abuse, emphasis was placed on prevalence studies and on identifying and understanding the acute effects of marijuana.

"In the 1980s, though these interests continue, more attention is being paid to the issue of the chronic effects of marijuana use, particularly on women and adolescents. These populations have not been well represented in



Pollin: 'a meticulous study'

past research focused on health consequences. What effects, if any, are irreversible is another key question."

No infighting over grant cutbacks

WASHINGTON — There's a notable absence, so far, of reports of conflict and confrontation among drug, alcohol, and mental health advocates as states prepare to divide federal block grant money.

Ken Eaton, of the Michigan Office of Substance Abuse, told the eastern regional conference of the Alcohol and Drug Problems Association of North America: "We have not heard from a single state that the infighting we might have expected otherwise, and which we have all engaged in somewhat traditionally, has occurred around the applications

of states for block grants."

Each state seems to be working out its own system of resolving conflicts and allocating funds.

However, all states have to plan on the basis of the budget cuts by President Reagan's administration reflected in the size of the block grants.

Mr Eaton said Michigan "is preparing for a likely continuation of the reduction of federal funds, and all signs indicate this is likely to happen."

Several speakers noted that many states are reporting much deeper cuts in service for drug abusers than for clients with alcohol problems, especially those

with large urban minority populations where a large amount of money previously came in targeted federal grants.

One state already encountering major problems is New York, where there have already been significant cuts in many drug abuse programs, especially in the black, Hispanic, and Indian communities.

William Tyrell, of the New York division of alcoholism and alcohol abuse, said the division of substance abuse services in his state has been much more federally-funded than the alcoholism side. Alcoholism services will be much better off under block grants.



By Richard Gilbert

Although handy with numbers, I developed an early distaste for statistical analysis. The main cause of my dislike was a book by Murray Sidman, entitled *Tactics of Scientific Research*, which appeared while I was at college. Statistical methods, Sidman argued, are mostly devices for estimating the "intrinsic variability" in data, to be used as a benchmark against which to judge the significance of apparent differences revealed by the data. Preoccupation with estimating variability, continued Sidman, detracts from attempts to reduce variability; reduced variability can come about only through improved scientific technique.

Leaping differences

The same point had been made a year earlier by the well-known statistician, Maurice Kendall, in a delightful, lengthy parody of Longfellow's *Hiawatha*. Kendall's *Hiawatha* was wont to shoot 10 arrows into the air when one would do. None hit the target, but *Hiawatha* would then use reams of statistical analysis to show that his result was better than those of his fellow hunters whose solitary arrows had scored bull's-eyes.

Threatened with having to pay for the arrows he was wasting, *Hiawatha* angrily challenged them all to a shooting contest. He spent hours designing the competition according to the caveats of the best authorities on experimental design. Meanwhile,

*"All the other tribal marksmen
Ignorant, benighted creatures,
Of experimental set-ups*

*Spent their time of preparation
Putting in a lot of practice
Merely shooting at a target."*

Target practice again proved much superior to statistical training. *Hiawatha* repeated his numbers routine. This time he so exasperated the other tribesmen, they took away his bow and arrows.

*"In a corner of the forest
Dwells alone my Hiawatha
Permanently cogitating
On the normal law of error
Wondering in idle moments
Whether an increased precision
Might perhaps be rather better
Even at the risk of bias
If thereby one, now and then, could
Register upon the target."*

I and many scientists became imbued with the notion that a difference had to leap out of the page to be meaningful. Mere statistical significance was insufficient, especially if an effect could be discerned only with the aid of complicated numerical jiggling.

Sober scrutiny

A problem with this kind of attitude is that differences that "leap out of the page" are not necessarily meaningful. For example, in analyzing the results of a study of heavy smokers who quit for one day — mentioned in last month's column — Marilyn Pope and I plotted some of our data on a graph and saw clear, consistent differences in craving between men and women. The sober scrutiny of our work by Lynn Kozlowski, a researcher with a deep respect for the value of statistical analysis, caused us to remedy earlier errors, employ proper analytical techniques, and conclude that we had merely a suggestion of a sex difference rather than a valid demonstration of one.

Even Sidman had admitted that "statistical analysis has its merits in certain kinds of experiments." In reality, precise control over most of the behavior that must be studied is a dream. Only statistical analysis can sort out real from spurious differences.

GILBERT

"Failure to use proper statistical analysis is not simply sloppy, it can be downright unethical."

Science, statistics, and ethics

Unethical omission

Failure to use proper statistical analysis is not simply sloppy, it can be downright unethical. This is the chief point of a salutary series of eight articles by Douglas G. Altman that appeared in the *British Medical Journal* between November, 1980 and January, 1981, under the general title Statistics and Ethics in Medical Research. Altman summarized the ethical implications of statistically substandard research in his first article, as follows:

"(1) the misuse of patients by exposing them to unjustified risk and inconvenience;
(2) the misuse of resources, including the researchers' time, which could be better employed on more valuable activities; and
(3) the consequences of publishing misleading results, which may include the carrying out of unnecessary further work."

Altman continued by saying that failure to guard against these highly undesirable outcomes "is surely as unethical as using experimental methods that offend against moral principles, such as failing to obtain fully informed consent from subjects."

The title of Altman's first article is Misuse of statistics is unethical. The other seven have the following titles:

Study design.
How large a sample?
Collecting and screening data.
Analyzing data.
Presentation of results.
Interpreting results.
Improving the quality of statistics in medical journals.

Required reading

Altman's eight articles should be read by every researcher, every manuscript referee, and every journal editor. In his last article Altman pointed out that recent reviews of the quality of statistics in

published papers have found that between 44% and 72% of papers contain statistical errors or important errors of omission. Thus, according to Altman, there is an awful lot of unethical work being done in the name of science.

A balance must be struck between achieving improvements in technique and achieving improvements in knowledge. Improved technique — whether it results in a purer chemical, a more precise measurement of force, or a questionnaire that elicits answers of greater validity — will likely come from trial-and-error testing by researchers capable of good seat-of-the-pants judgement. Improved technique means that researchers can do better investigations because what is under study can be controlled better and measured better. But these investigations can lead to improved knowledge only if their results can be and are properly interpreted. Proper interpretation of data usually involves statistical analysis.

Neither *Hiawatha* nor his fellow tribesmen would have been capable of determining the causes of arrow accuracy (although, undoubtedly, the tribesmen had a better grasp of the subject). *Hiawatha* had no control over his arrows; thus he could not manipulate their flight in any meaningful way. His ignorant, benighted fellow tribesmen could control the flight of their arrows exquisitely, but they had no skill in comparing the consequences of their various actions.

Good technique is no excuse for avoiding statistics. But statistical analysis is not a substitute for poor technique. Good science, which means ethical science, needs both the *Hiawathas* and the fellow tribesmen.

**The American Statistician, v 13(5), 1959, p23-24.*

Next month: More about ethics: Should scientists do experiments that can cause people harm — even if they are the subjects?

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A monthly report for professionals on developments, issues, and events of national and international significance in the field of alcohol and other drugs.

Editor... Letters to the Editor... Letters to the Editor...

Effects of alcohol are dramatic in The True North

Alaskans will find own solutions

I would like to clarify and update some statements made in the special series The True North (The Journal, Aug and Sept).

First, I want to note that I am not, as the article, Carole Baekey, bush lawyer (Sept), states, the "only lawyer seen in the bush."

Alaska Legal Services Corporation (ALSC) is a statewide, non-profit organization which provides legal services for the poor. Our offices are scattered throughout the state: Anchorage, Juneau, Fairbanks, Ketchikan, Barrow, Bethel, Kodiak, and Nome. The legal staff of each of these offices

also travels in rural Alaska; ALSC lawyers are often the only lawyers seen in rural Alaskan communities.

Although the community of Shageluk determined last spring that the options offered under Alaska state law did not meet their needs, people in that community are currently interested in helping themselves and are exploring options to the state law to control sale and distribution of alcoholic beverages.

The effects of alcohol use and abuse in Alaska are grave and dramatic and not limited to the

"native" population. A great many extremely competent people in Alaska are struggling for answers to problems surrounding use of alcohol and drugs, changing cultures, and a land being exploited for its vast resources. I suspect the answers will come to none of us easily and that each of us addressing the problems will, in turn, create other problems.

The solution(s) to substance abuse problems must come from the affected population. Part of the task of the ALSC Alcohol Project is to get rural Alaskan communities to come up with their own legal

and social solutions, rather than relying solely on concepts which have not always worked well for white, middle-class society. In turn, I have enormous respect for many of the native Alaskans working with substance abuse programs in bush Alaska and believe these creative people will be the turning point in their communities.

We appreciate your extensive coverage of our project and applaud Mr McConnell's efforts. But I wanted to make these additional comments.

Carole A. Baekey
Statewide Alcohol Coordinator
Alaska Legal Services Corporation
Anchorage, AK

'Tell us a better way'

Morris Dyer spends several hundred words attacking our suggested health education strategies for minimizing harm from solvent sniffing, but offers no alternative (The Journal, Sept). He styles himself a health educator, so what approach does he employ?

We hope his somewhat incoherent miscellany of autopsy findings, and references to brain damage, do not indicate a regression to the scare approaches unsuccessfully used a decade ago in drug education.

Since we published *Teaching about a Volatile Situation* (The Journal, June), we have been surprised that none who have criticized it have offered any alternative strategies for health education. Maybe this correspondence will elicit something more positive, but Mr Dyer's contribution does not encourage optimism.

Jasper Woodcock
Institute for the Study
of Drug Dependence
London, England

Zeferetti in

In a story headlined US fears a merger of FBI and DEA (The Journal, Aug), it was stated that no chairman had been named to head the US House of Representatives' Select Committee on Narcotics Abuse and Control.

For the record we would like to tell your readers that Representative Leo C. Zeferetti of New York is the committee's chairman.

James J. Heavey
Press Officer
US House of Representatives
Select Committee on
Narcotics Abuse and Control
Washington, DC

'Harmless' conclusion unjustified

Research Update (The Journal, Oct) carries a summary of a recent report by Schaeffer et al (Science 213: 465-6, 24 July, 1981) concerning the absence of cognitive impairment in 10 long-term heavy users of cannabis. There is no reason to question the accuracy of the findings in this study, which was conducted by well-qualified researchers. However, it is quite unjustified to conclude, on the basis of these findings, that prolonged cannabis use is harmless to intellectual function.

In this study, as in others of a similar nature conducted in Jamaica, Costa Rica, and elsewhere, the small groups of subjects chosen for intensive examination have been purposely screened to exclude those with symptoms of central nervous system disease. These subjects are therefore, by definition, the healthiest survivors of the population of users from whom they are drawn, and may not be representative of that population. The fact they smoked one to two ounces of tobacco a day (equivalent to 28-56 tobacco cigarettes a day) in addition to the cannabis in the mixture, apparently without damage to health, does not prove that tobacco smoking does not contribute to lung cancer. It would not be difficult to find 10 unusually rugged alcoholics without demonstrable cognitive impairment.


Regrettably, it is necessary to emphasize once more that valid conclusions about the health risks associated with the use of cannabis, as of other drugs, can be based only on adequate epidemiological studies, and not on observations of small groups of highly selected users.

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The Journal welcomes Letters to The Editor. Letters may be sent to The Editor, The Journal, 33 Russell Street, Toronto, Ontario M5S 2S1.



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Kids & teachers



The Journal

THIS IS THE THIRD in a series of SPECIAL SUPPLEMENTS to The Journal, published monthly by the Addiction Research Foundation, for Kids and Teachers. For a subscription to The Journal or more information on the Kids and Teachers supplements, write Marketing, Department LP3, Addiction Research Foundation, 33 Russell Street, Toronto M5S 2S1, Ontario, Canada, or telephone 1-416-595-6056.

**Alcohol
and the
media #3**

YOU ASKED US...

Dear Karen,
My mom won't let me watch the TV programs I want. All the other kids' parents let them watch whenever they want. I have to sneak over to a friend's house to see my favorite shows. Sometimes the other kids make fun of me.
I'm 13 years old and in grade eight. I have tried to tell my mom I'm old enough and it won't hurt me, but she says there is too much violence, bad language, and drinking on TV. I think she thinks I'll start to act like that. None of my friends are like that. What can I do to convince my mom that watching TV won't make me an alcoholic? — No TV

I have asked Dr Ken O'Bryan, who has studied the impact of advertising and children's TV programming for years and is the head of development and production at the Addiction Research Foundation's Education Resources Division, to answer your question.

Dear No TV,
It's tough when you're grounded and the other kids aren't. Your mother is right when she says there is too much violence and bad behavior on TV but I don't think banning will work. Actually, the ban probably makes you

all the more determined to see the shows, right?
You are probably old enough to watch most TV shows, but age is not a good argument to use with mothers. So try this suggestion. See if you can get your mom to watch a week's TV with you, as an experiment. Select all your favorite shows and make up a chart for each of them, with categories for bad language, drinking, violence, and whatever else you and mom agree on. Watch the shows together and chart them. Each of you might find the other is partly right and partly wrong about the way television is.
Then write to Karen again and tell her the results of your study (and tell me how my suggestion worked.)

Ken

Dear Karen,
I've heard a lot of talk about decriminalizing marijuana in Canada. What is this all about? Does it mean that marijuana will be legal to sell and smoke?
— Legal Beagle

I have consulted with Judith Blackwell, a scientist at the Addiction Research Foundation in Social Policy Research, to answer your questions.

Dear Beagle,
The word "decriminalization"

comes from the United States, where several states have made the possession of small amounts of marijuana a minor offence, a bit like getting a speeding ticket. Those arrested are not fingerprinted or photographed. Nor do they have a permanent criminal record. However, selling marijuana is still a criminal matter.

Since our legal system is somewhat different from that in the United States and drugs are under federal, not provincial, control, we couldn't adopt the US system of decriminalization. At

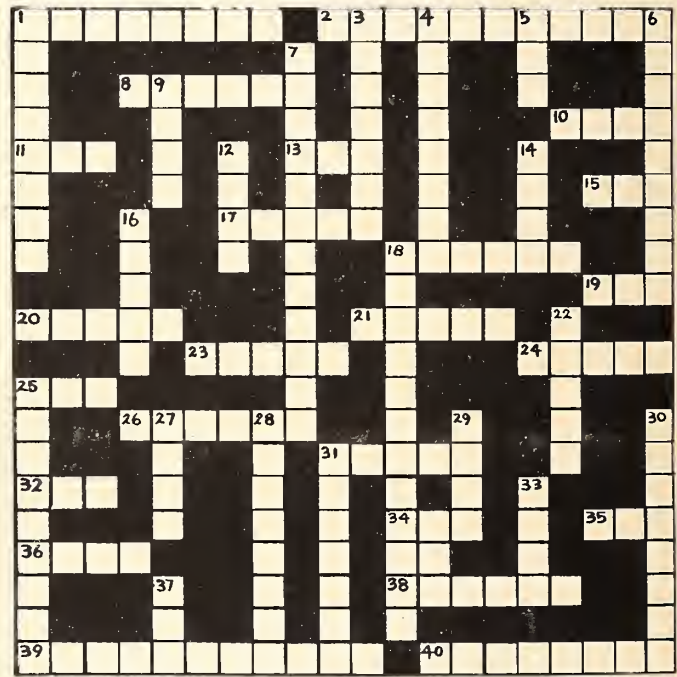


Is there something you want to know about drugs? Karen Girling answers a lot of questions from students and teachers in her job as information specialist at the Addiction Research Foundation. Why not ask her? Write Karen, c/o Kids and Teachers, The Journal, Addiction Research Foundation, 33 Russell St., Toronto, M5S 2S1 Ontario, Canada. Names will be withheld.

present, any cannabis (marijuana, hash, hash oil) offence in Canada is a criminal offence under the federal Narcotic Control Act. Some Canadian judges are now tending to give reduced penalties to people possessing small amounts of marijuana. But even this record could limit a person's future job opportunities and ability to cross borders when

travelling, as well as cause other problems.
Changes in Canadian law will probably involve some reduction in penalties and some attempts to reduce the criminal records consequences. However it would not likely be legal to smoke marijuana and it is even less likely that buying or selling it would ever be legal in Canada.

CROSSWORD



- Across
- 1) Potent ingredient of tobacco (8)
 - 2) What you can take to help yourself relax naturally (4, 7)
 - 8) (2) Across are a relief for _____ (6)
 - 10) Another name for (25) Down (4)
 - 11) Potent ingredient of cannabis (abbreviation) (3)
 - 13) It's dangerous to drive one when you've had too much to drink (3)
 - 15) Law enforcer (slang) (3)
 - 17) People sometimes drink when they feel this way (5)
 - 18) It's good to do this with your problems (6)
 - 19) Food and Drugs Act (abbreviation) (3)
 - 20) TV, magazines, radio, newspapers, etc. are known as _____ (5)
 - 21) Stimulant (slang) (5)
 - 23) Something hard to break (5)
 - 24) Deep breathing is a healthier way to do this than smoking a cigarette (5)
 - 25) If you _____ alcohol and other drugs it's hard to predict what will happen (3)
 - 26) Sometimes hard to listen to from parents (6)
 - 31) Sometimes kids _____ you if you don't do what the crowd does (5)
 - 32) How you may feel after you drink six beers (3)
 - 34) See (32) Across (3)
 - 35) Lifestyle advertising suggests you have to drink to have _____ (3)
 - 36) Person who takes drugs (4)
 - 38) _____ too much, like drinking, can be a response to tension (6)
 - 39) Presents the attractive side of drinking and promotes the sale of alcohol (11)
 - 40) One body reaction to too much alcohol (8)
- Down
- 1) Legal drinking age in Ontario (8)
 - 3) What policemen do with the law (7)

- 4) Excessive consumption of alcohol _____ good health (8)
- 5) To do this compulsively causes weight and health problems (3)
- 6) The average one has 8.5 alcohol events per hour (4, 5)
- 7) Mind altering (12)
- 9) The only cure for being drunk (4)
- 12) Psychoactive drugs alter our sense of what is _____ (4)
- 14) Problems with this person can cause on-the-job tension (4)
- 16) Film (5)
- 18) Type of speed (plural) (12)
- 22) People who influence you a lot (plural) (5)
- 25) Cannabis (9)
- 27) Slang for drugs (4)
- 28) See (25) Down (8)
- 29) How you usually feel if you get enough sleep, exercise, and good food (4)
- 30) Dangerous when you do too much of it (8)
- 31) Similar to (8) Across (7)

- 33) A billboard is a large _____ (4)
 - 37) Cigarettes contain _____ and nicotine (3)
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- 1. NICOTINE, 2. DEEP BREATHS, 8. STRESS, 10. HEMP, 11. THC, 15. COP, 17. ALONE, 18. ASSESS, 19. FDA, 20. MEDIA, 21. UPPER, 23. HABIT, 24. RELAX, 25. MIX, 26. ADVICE, 31. TEASE, 32. ILL, 34. EATING, 39. ADVERTISING, 40. VOMITING.

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DECISIONS

"I think you'd better own up, Bill," Mr Shannon said to his son. He was trying to unravel the truth.
The boy was young, frightened by the police. He'd steady him. He'd help Bill with his first brush with the law.
"It's nothing, dad. Just a little memory blackout. Had too much to drink. Can't really say what took place. I honestly don't remember knocking the man down. Sure, I thank my lucky stars he's all right, but it wasn't my fault."
"Why does he insist on pressing charges, if he's okay? He got the cars mixed up, that's all — gave my licence number because it's easy to remember. Probably doesn't like teenagers."
"I'm telling you, dad, I wouldn't lie about a thing like that. It's just that I don't remember fully."

1. Describe some of the physical changes resulting from heavy use of alcohol.

2. Role-play the injured pedestrian in a conversation with either Bill or his father.

THE KIDS ON HIGH ST.
featuring Al Ked





Objective: To examine how TV, newspapers, magazines, music, films, and advertisements portray drinking. Students will realize that portrayal of alcohol use is not always realistic.

STEP 1
Hand out individual **Kids and Teachers** to the students. Ask them to read the following directions and choose one group to work with; make sure each group is approximately the same size. Have each group choose a chairperson who will later report the group's findings to the entire class.

Group One:
Watch TV for two evenings (preferably on a weekend) to record all the alcohol advertising. Make your own chart, following the example in Figure 1, and use this to record your findings.

Group Two:
Watch TV programs for two evenings (preferably on a weekend) to see how alcohol use is portrayed. Make your own chart, following the example in Figure 2, and use it to record your findings.

Group Three:
Read magazines (both advertisements and articles) to search for references to alcohol. Look also at non-alcohol ads to see if alcohol is used in them too. (Be sure that the group covers an assortment of magazines.) Make your own chart, following the example in Figure 3, and use it to record your findings.

Group Four:
Read newspapers to look for advertisements and articles mentioning alcohol. (Be sure the group covers several different newspapers.) Make your own chart, following the example in Figure 3, and use it to report your findings.

Group Five:
Listen to as many records as possible, both current and older, including musicals and rock and folk albums, to note any references to alcohol and other drugs. (Records can be borrowed from the public or school library.) Make your own chart, following the example in Figure 4, and use it to record your findings.

Group Six:
If you choose this group, make sure you have a songbook or know where you can borrow one. Go through the words of as many songs in the book as possible and note any references to drinking or drugs. Make your own chart, following the example in Figure 4, and use it to record your findings.

Group Seven:
Go to several movies or watch them on TV to note how alcohol is used and portrayed in the films. Make your own chart, following the example in Figure 2, and use it to record your findings.

Group Eight:
Look for alcohol advertising in public places, such as on billboards, buses, subways, etc. Make your own chart, following the example in Figure 1, and use it to record your findings.

STEP 2
When students have had time to do the research in Step 1, have each group get together to discuss its findings. Then have each chairperson summarize the findings briefly and report them to the entire class. Each summary should take about two to three minutes at most.

Editorial team: Anne MacLennan, editor; Greg Arbuthnot, design; Evelyn Cluer, cartoons and crossword; Terrine Craig, production; Susan Lawrence, editorial consultant; Sharon MacLennan, graphics; Marg Sheppard, education consultant. Columns by Paul C. Brown, Karen Girling, Brent Poulton, and Mary Schankula.

ALCOHOL AND THE MEDIA

STEP 3
The teacher leads an all-class discussion on the differences between each group's findings. Keep in mind these questions:
Did the songs studied treat drinking differently from, say, the way newspaper and magazine ads did? If so, how?

Did the movies studied treat drinking differently from, say, the way TV programs did? If so, how?

The students may, or may not, have found that many songs treat alcohol and drinking in a depressing way, quite the opposite to newspaper and magazine ads, which are often glamorous, sociable, and fun. Responses will vary here, and the teacher should realize that there are no correct answers. The point is to be aware of different ways of portraying drinking.

STEP 4
Ask each student to choose the six words or phrases from the following list that best describe the overall message of the material he/she studied.

- ☐ exciting
- ☐ adventurous
- ☐ sexy
- ☐ sociable
- ☐ glamorous
- ☐ boring
- ☐ fun
- ☐ relaxing
- ☐ depressing
- ☐ lonely
- ☐ sophisticated
- ☐ disillusioning
- ☐ tragic
- ☐ disgusting
- ☐ dumb
- ☐ getting away from it all
- ☐ feeling good
- ☐ sensual
- ☐ cool
- ☐ celebrating
- ☐ ugly
- ☐ gross
- ☐ confusing
- ☐ dramatic
- ☐ invigorating
- ☐ smooth
- ☐ happy
- ☐ being part of the "in crowd"

Ask each student to choose six words that more accurately describe alcohol use in real life. Send these words and any other comments on this lesson to us at **Kids and Teachers** so we know what you think about it all.

Did You Know?

- alcohol use is shown more often on TV than use of coffee, tea, soft drinks, and water combined
- some reports have estimated that from 70% to 80% of prime-time programming on TV portrays alcohol use
- one researcher found that the highest rate of alcohol-related events (mention or use of alcohol) on TV occurred during prime-time programming, when 3.5 alcohol events occurred every half hour
- one researcher watching soap operas recorded 8.5 alcohol events per hour
- young people consider television a prime source for information about drugs

FIGURE 1

- FOR TV ADS:**
1. Total number of hours of TV watched _____
 2. Number of ads for beer _____ wine _____ liquor _____
 3. Total number of ads _____
 4. Average number of alcohol ads per hour _____
- FOR ADS IN PUBLIC PLACES:**
1. Total number of ads seen _____
 2. Location and type of ads: billboard _____ public transit _____ other _____

- FOR EACH AD:**
1. Where were they drinking?
a. _____ b. _____ c. _____ etc
 2. Describe the mood of the people in the ad.
a. _____ b. _____ c. _____ etc
 3. How many (if any) non-drinkers were shown?
a. _____ b. _____ c. _____ etc
 4. Describe the non-drinkers' ages, appearance, sex, etc.
a. _____ b. _____ c. _____ etc
 5. What were your feelings while watching the ad?
a. _____ b. _____ c. _____ etc

FIGURE 2

1. Titles of programs/movies
a. _____ b. _____ c. _____ etc
2. Dates and times watched
a. _____ b. _____ c. _____ etc
3. Channels watched
a. _____ b. _____ c. _____ etc

- FOR EACH PROGRAM/MOVIE:**
1. How many drinkers were shown?
a. _____ b. _____ c. _____ etc

2. Where were they drinking?
a. _____ b. _____ c. _____ etc
3. What, if anything, happened in association with or as a result of drinking?
a. _____ b. _____ c. _____ etc
4. What was the reaction of others in the program/movie to the drinking?
a. _____ b. _____ c. _____ etc
5. What were your feelings while watching the program?
a. _____ b. _____ c. _____ etc

FIGURE 3

1. Title of magazine/newspaper _____
2. Number of ads for beer _____ wine _____ liquor _____
3. Total number of ads _____
4. Titles of articles referring to alcohol
a. _____ b. _____ c. _____ etc

- FOR EACH ARTICLE/AD:**
1. Where were they drinking?
a. _____ b. _____ c. _____ etc
 2. Describe the mood of the people

- in the article/ad.
a. _____ b. _____ c. _____ etc
3. How many, if any, non-drinkers were shown or mentioned?
a. _____ b. _____ c. _____ etc
 4. Describe the non-drinkers' ages, appearance, sex, etc.
a. _____ b. _____ c. _____ etc
 5. What were your feelings while watching or reading the article/ad?
a. _____ b. _____ c. _____ etc

FIGURE 4


1. Titles of albums/songs:
a. _____ b. _____ c. _____ etc
2. Composers/performers:
a. _____ b. _____ c. _____ etc

- FOR EACH SONG:**
1. Write some of its words that refer to drinking or drugs.
a. _____ b. _____ c. _____ etc

2. What is the mood or tone of the song?
a. _____ b. _____ c. _____ etc
3. What, if anything, happened in association with the drinking or drug taking?
a. _____ b. _____ c. _____ etc
4. Were there any unspoken or unwritten messages and if so, what were they?
a. _____ b. _____ c. _____ etc

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Recognition sparks disbelief**Israel urged to realize size of alc/drug problem**

By Paddy Neustatter

JERUSALEM — Chronic alcoholism exists and is on the increase in Israel, along with use of cannabis and heroin, say several Israeli experts.

But growing recognition of the problems has sparked disbelief. Israelis themselves, as well as outsiders, have long believed the country had few serious drug problems. Even cases of chronic alcoholism were considered "very rare."

Not so, said speakers here at the International Congress on Drugs and Alcohol.

Shashana Weiss of Haifa University told the congress: "The dimension of use of hashish and marijuana has reached a scale in Israeli schools where it cannot be ignored."

Describing a hashish and marijuana prevention and education program, she said it's the only one of its kind and government has increased funding.

School authorities, however, can sometimes be obstructive, she said. "They see the provision of drug programs as a confession sometimes."

She said the drug problem "really began after the 1967 war when many young volunteers came from the United States, and when many Israelis went to Europe."

A survey of young people showed greatest use was in kibbutzim (sometimes twice the average use) which was in part attributed to the "infective" influence of volunteers. However, development towns were also found to have high rates.

About alcohol, Drs Sagiv and Czernobilsky of Kaplan Hospital, Rehovot, agreed: "Not long ago it was believed chronic alcoholism was very rare in Israel. Now we know the problem does exist in this country," and, "the number of alcoholics is growing."

However, the problem is not fully realized by health workers. Their experience is that alcoholic patients are being recognized only when complications develop; nearly half of 34 heavy drinkers admitted to the Kaplan Hospital had cirrhosis already.

"Medical staff should be aware of the growing number of alcoholics and the various aspects of alcoholism," said Drs Sagiv and Czernobilsky. They advocate regional alcohol centres associated with general hospitals to provide better detection, rehabilitation, and education of alcohol abusers.

Becalel Bloch of the Institute of Forensic Medicine, Abu Kebir, said Israel also appears to have a growing problem with "hard" drugs.

This is reflected in the "steep

rise" in narcotic deaths in 1979/80. There were 30, compared with 60 for the period from 1973 to 1980. Together with better collection of relevant information by the police, "the reasons for the rise in narcotic death statistics is increase in incidence of drug abuse," said Dr Bloch.

Attempts have been made to rehabilitate female drug addicts in Neve-Tirza, the only Israeli prison for women. But group psychotherapy was ineffective, and most of the women reverted to prostitution and drugs when released from jail.

The group psychotherapy was arranged by the Mental Health and Clinical Criminology Centre of the Israeli Prison Service, and the department of criminology of Bar Ilan University, Ramat-Gan. They concluded: "Short term psychotherapy is of little value re-

garding any meaningful change in the drug addicted women's life style."

That they have drug problems is gradually dawning on Israelis. On the other hand, they are seen as part of a general trend in the western world with which Israel is catching up. On the other, some workers in the field attribute the problems to the falling off of fervor and sense of purpose of the earlier settlers.

Another contributing factor may be stresses of military conflict. Shashana Weiss said: "There are reports of increasing use of drugs by the army."

Admitted Professor Stan Einstein of the Centre for Drug Misuse Intervention in Jerusalem, and co-chairperson and organizer of the congress: "One of the reasons for holding the congress in Jerusalem was to bring the problem . . . to the attention of Israelis."



Einstein: '... reason for congress'

Drug education debate —tell all or hold back?

JERUSALEM — Telling children all about drugs on the assumption it will put them off using them is incorrect, says a United States drug and alcohol counsellor.

Programs in the past, particularly in schools, have given children full information about drugs,



O'Gorman: 'learning how to order.'

but "this just teaches the children the language so they know how to order," says Patricia O'Gorman, director, division of prevention, National Institute on Alcohol Abuse and Alcoholism (NIAAA).

There is a conflict between those who think you should tell all and those who say you should not; those favoring a restriction on information claim there is good evidence for their case.

Glue sniffing in particular has been cited as an example. Telling children in explicit detail about what kind of glue is used and how it is placed in a polyethylene bag and then inhaled has promoted, not restricted this form of abuse.

The media may also act as promoters by spreading the word, warns Dr O'Gorman. She cited a newspaper article on an isolated outbreak of glue sniffing in Denver, Colorado, which "taught glue sniffing to the country."

School programs under the auspices of the NIAAA used to use ex-drug addicts to teach children about drugs and try to put them off them.

But "the givers of information have a very important effect in the program," says Dr O'Gorman, and the ex-addicts had a rather romantic image for the children, which again had the opposite to the desired effect.

School programs are now directed to the children's self-esteem. "If students feel good about themselves, they are less likely to use drugs," she says. "In group discussions of 10 to 15 students, we talk about how to deal with anger and other negative emotions."

Dr O'Gorman spoke here at the International Congress on Drugs and Alcohol.

and gastritis, but do not recognize the earlier signs.

The British group is based on the belief doctors will find it easier to discuss their problem with fellow doctors than with laymen. In this way it's similar to the support groups established in United States medical schools.

However, in a number of these schools the emphasis is still on "primary rather than secondary treatment," says Dr LeClair Bissell, of Edgehill-Newport Hospital, Newport RI.

Here, regular support groups are conducted to help medical students cope with family and social interactions, as well as the stress of running a practice.

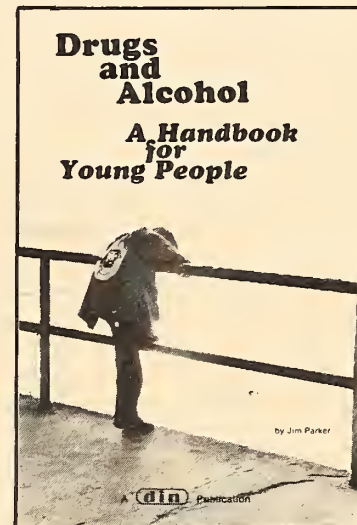
Dry doc group swells

LONDON — A British medical group is providing tangible evidence that a doctor's involvement with alcohol does not necessarily end with its treatment.

Comprised of doctors with alcohol problems, the British Doctor's Group has seen its membership swell from two to more than 400 in the eight years of its existence.

According to Dr Martin K., a founding member, doctors are ill-equipped to spot alcoholism in their colleagues because of a lack of teaching on alcohol abuse in medical schools.

Doctors, he says, know about the late consequences of alcohol excess such as neuropathy, cirrhosis,



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by Jim Parker

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—From the Introduction

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NEWS

EAPs neglect execs, shift workers

OTTAWA — A significant portion of the work force — senior employees and self-employed professionals — is proving resistant to employee assistance programs (EAPs).

And if EAPs are to be successful, they must avoid alienating such people, says John Harder, director of the Canadian Forces Addiction Rehabilitation Centre, Kingston, Ontario.

EAP workers must be aware of the tendency of professionals and senior employees to avoid such programs and design their assistance to overcome the obstacles.

Recognizing the "hard-to-reach" employee is the first step.

Characteristically, he said, the worker:

- is generally in a senior or high income position;
- works in an isolated or insulated environment;
- may be in a foreign work environment;
- frequently changes job location;
- works with minimal supervision or may be responsible to multiple supervisors; and
- has a flexible work schedule.

Other employees in less senior positions but who may also be overlooked are rotating shift workers or those on emergency stand-by with long periods of inactivity.

They may be corporate ex-



Harder: special effort needed

cutive, construction workers, politicians, travelling sales representatives, inspectors, or senior military officers, he said. Often, they are senior to the EAP staff and thus feel even more isolated.

Supervisors habitually cover up problems they see in senior personnel, Mr Harder told the 4th Biennial Conference on Alcohol and Addiction Problems in the Workplace. And people in senior positions believe the EAP "applies only to the rank and file" and consider themselves "above" such intervention.

Unless EAP workers make special effort to attract such employees, few senior level employees or self-employed professionals will ever approach an advisor, he said.

Key to reaching employees who stay aloof is involving them in development of the program, in the advisory and policy making process, and in educational awareness programs, he said.

Senior employees may be involved in introductory seminars at work, independent professionals through peer organizations (medical or bar associations).

Once the program is established, the best way to approach the professional or senior executive is through peers or colleagues, said Mr Harder.

That the EAP staff must go to special effort to reach the isolated employees or professionals is frequently overlooked, he said. But if an EAP is to be successful it cannot ignore any part of the work force for intervention.

Wine lands could feed 60 million

HALIFAX — Around the world, 35 million acres of land are used to grow wine grapes. At 20 bushels of grain per acre, this same land would feed 60 million people at China's level of food intake.

• In Canada in 1974, about 2130 million pounds of fruit and grain malts were used to produce more than \$1 billion worth of alcoholic beverages.

• Whisky is this country's third largest fully-manufactured export, with a value of \$195 million.

• Canada now has more than 2000 liquor stores and 20,000 licensed establishments.

That's just a smattering of the data collected for a report on alcoholism presented at the annual meeting of the Canadian Medical Association. It was prepared by M.W. Hogan of St John's, Newfoundland, a member of the CMA council on health care.

Governments in Canada took in \$1.7 billion in alcohol revenues in 1975, and spent 4% of that, or \$70 million, on treatment of alcoholics.

The industry employed 19,000 people in 1974, of whom almost 20% were in sales. In 1975, it spent \$50 million on advertising.

Specialized facilities for treatment of alcoholism increased from 20 in Canada in 1955 to 500 in 1975.

The Ontario death rate from cirrhosis among males increased from five per thousand to 23 per thousand over a 20-year period.

In a 67-page issue of *Maclean's* with 47 ads, 22 were for alcohol.

A 251-page issue of *Reader's Digest* had 15 alcohol ads among its total of 62.

There were 23 alcohol ads among 104 in a 123-page issue of *Atlantic Insight*, but only three among 91 ads in an 89-page issue of *Atlantic Advocate*.

A study of 161 Grade 10 students in St John's, done in 1975, showed 95% drank, and 30% drank at least four times a month. Their average age was 15.5 years.

"Twenty-four percent had broken the law while under the influence of alcohol, and 27% admitted to driving a motor vehicle while being under the influence, despite the fact that one cannot legally drive a car in Newfoundland until one is 17," Dr Hogan said.

Cigs harm women more

SASKATOON — Women with the same daily cigarette consumption and the same period of "addiction" as men appear to suffer more lung damage, suggests a recent Canadian study.

In testing 1155 men and women in a rural Saskatchewan town, James Dosman, professor of respiratory medicine at the University of Saskatchewan, discovered women smokers fared worse than their male counterparts in lung function. They couldn't breathe out as much air forcefully, and the small airways deep in their lungs were less efficient.

"It's possible the small airways in women are simply smaller than the small airways in men, so the same amount of damage produces greater obstruction," Dr Dosman was reported as saying in the *Toronto Globe and Mail*.

Winnipeg anti-sniff law reinstated

WINNIPEG — A Manitoba county court judge has granted a crown appeal against an earlier court ruling which said Winnipeg city council had no right to pass an anti-sniffing bylaw two years ago.

The new ruling will allow Win-

nipeg police to resume laying charges under the original bylaw.

If the latest decision is not appealed to Manitoba court of appeal, the charge against a Winnipeg department store for violating the bylaw will be tried again.

Under the Winnipeg bylaw, stores cannot sell toxic substances to minors unless written consent from a parent or guardian is provided.

The bylaw also says intoxicating substances in containers of less than one litre must be kept behind store counters.

The bylaw contains penal provisions including a maximum fine of \$1000 and six months in jail for individuals, and a \$5000 maximum fine for companies.

County Court Judge C.I. Keith had rejected arguments that the anti-sniff bylaw is an intrusion into the field of criminal law by the city. Criminal law is outside the powers of municipal government.

The judge also disagreed with the assertion that the bylaw invades a field of law already covered by the federal hazardous products act.

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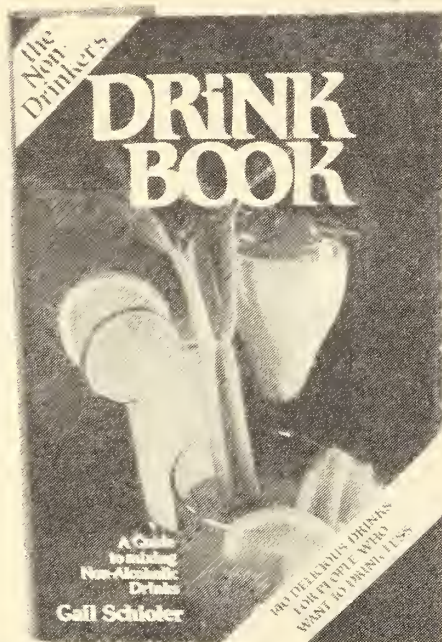
— *Publishers Weekly*

"Lists and explains 140 delicious drinks for people who want to drink less"

— *The Winnipeg Sun*

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— *Gallery Magazine*



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DEPARTMENT

Projections

The following selected evaluations of audio-visual materials have been made by the Audio Visual Assessment Group of the Addiction Research Foundation of Ontario. The ratings are based on a six point scale. For further information, contact Susan Reid, coordinator of the group, at (416) 595-6150.

Stoned

Number: 475
Subject Heading: Drugs and youth
Details: 33 min; 16mm; color.
Synopsis: Some of the factors which may influence an adolescent's decision to use or not to use drugs include: the family, the peer group, and social relationships. This drama depicts a young teenager, Jack, who gets involved with a group of "pot" smokers. The close relationship between Jack and his older brother Mike is quite evident at the beginning of the film but Mike decides that Jack should make some of his own friends. This is what leads Jack to the crowd of pot smokers. A series of events with a girl, his friends, and finally a boating accident in which Mike almost drowns makes Jack realize that his drug use is a problem and he decides to quit.
General Evaluation: Good (4.1). This contemporary, well-produced, and interesting film was judged to have emotional impact and a clear

message which may produce attitudes opposed to drug use, and could help in decision-making regarding drug abuse.
Recommended Use: Beneficial for its intended audience of adolescents (age 12-18 years).

Comebacker: The Bob Welch Story

Number: 470
Subject Heading: Youth and alcohol; sports
Details: 22 min; 16mm; color.
Synopsis: Bob Welch, playing baseball for the Los Angeles Dodgers in 1978, won a World Series game. However, Bob Welch is an alcoholic. Bob feels that his problems started when he was 16 years old. He felt afraid of girls and drank before going to parties to gain some courage. He drank in college to get drunk because then he did not feel that anyone liked him. When he joined the Dodgers, he felt that he was liked only because of his skill as a pitcher and he drank to mask his feelings. One day he came to a game drunk and made such a scene he was confronted by the Dodgers management. Don Newcombe of the Dodger's organization, himself an alcoholic, convinced Bob to go to a rehabilitation centre. Bob recognizes that his drinking is a problem and now is enjoying life sober.
General Evaluation: Very Good (5.3). This well-produced, contemporary film was judged to be a

good teaching aid that could lead to attitudes opposed to drug use.
Recommended Use: Likely to benefit all audiences.

Call Walsh

Number: 462
Subject heading: Employee assistance program.
Details: 22 min; 16mm; color.
Synopsis: A supervisor confronted with the unsatisfactory performance of two of his employees — Laurie and Fred — seems unable to deal effectively with the problem as he allows them to manipulate him through their fabricated excuses. Both problems are resolved with the assistance of Allen Walsh who is in charge of the company's employee assistance program. One of Laurie's co-workers, frustrated with having to cover up for her, encourages Laurie to see Walsh. Laurie is later shown having successfully resolved her problem. The supervisor also speaks to Walsh who suggests to him more effective means of dealing with Fred's problem.
General evaluation: Good — Very Good. This is a contemporary, well produced, and informative film. The assessment group liked what the film said about employee assistance programs and considered it a good teaching aid.
Recommended use: For any adult audience, in particular supervisors, management, union organizers and health professionals.

The No Show

Number: 472
Subject Heading: Smoking.
Details: 11 min; 16mm; color.
Synopsis: A group of elementary students is rehearsing a play that has the theme "no smoking." They put on a series of skits that show smoking as a bad habit. For example, a boy tries unsuccessfully to impress a girl by smoking; a firing squad refuses to give the victim a cigarette because it is bad for his health; ghosts rise out of the graveyard and tell how smoking shortened their lives.
General Evaluation: Very Good (5.1). This film was judged highly entertaining, involving, and well-produced.
Recommended Use: Likely to benefit any audience.

Hangover

Number: 474
Subject Heading: Employee assistance program; trigger films
Details: 10 min; 16mm; color.
Synopsis: Bill is initially shown helping a co-worker in a potentially hazardous job. Next morning, he is awakened by his wife, Mary, who tells him he should get going or he will be late for work again. It is apparent that Bill is suffering from a hangover. At breakfast, Mary tries to discuss his drinking, including its possible dangerous consequences for him and his co-worker, but he cuts her off. When he leaves for work he is intercepted by a neighbour who points out a scratch on Bill's car and comments on the previous night's party. Bill has no recollection

of these events nor how the car was scratched. He is irritable and short-tempered with the other drivers en route to work and comments on how "lousy" he feels. Finally he decides that maybe he should "get off the booze."
General Evaluation: Good (4.2). This film was rated as an effective teaching aid, contemporary, interesting and realistic with a length appropriate for most educational settings.
Recommended Use: Beneficial to adults, drug users, and employee assistance programs, but was rated neither harmful nor beneficial for any other audience.



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DEPARTMENT

New Books by RON HALL

Substance Abuse Book Review Index 1980

... by Jane Bemko

This edition of the Index contains citations of book reviews which appeared in journal issues published during 1980. It provides a list of the 323 journal titles which were scanned throughout the year, the full citations of the 256 books which were reviewed in these journals, and the citations of the journals where the reviews appeared. Author, subject, and book title indices are provided. The Index is intended for others interested in locating reviews for books in the substance abuse subject area.

(Addiction Research Foundation, Marketing Services, 33 Russell St, Toronto, Ont M5S 2S1. 1981 70 p. \$6.95)

The Substance Abuse Problems

... by Sidney Cohen

This book has been divided into five main chapters. The first, and largest, describes the abuse of many legal and illegal drugs and details the effects of that abuse. The second chapter analyzes the trends in drug abuse and relates the global nature of the problem. The following two chapters describe the various diagnoses and treatments of certain abuse problems, and the final chapter

presents a discussion of special situations and special groups involved in the abuse of drugs, including: problem drinking adolescents, lowering the drinking age, geriatric drug abuse, alcoholism and women, the drug dependent paraplegic, drugs and sports, aggression, drugs and sexuality, and psychotropic drug interactions.

(The Haworth Press, 149 Fifth Ave, New York, NY 10010, 1981. 407 p. \$19.95 ISBN 0-917724-22-4)

So You Want To Try Drugs?

... by Fiona Foster and Alexander McCall Smith

In this concise book, the subject of drug abuse is explained in terms that will be understood by children of 11 and upwards. The reader is told of the nature of most of the

commonly abused drugs, and the dangers of taking them are discussed. Information is presented on how drugs work, what they do, and why people take them. Marijuana, alcohol, glue sniffing, pep pills, barbiturates, heroin, and hallucinogens receive attention and a chapter is devoted to drugs, police, and the law.

(Oxford University Press, 70 Wynford Dr, Don Mills, Ont, 1980. 51 p. \$4.95 ISBN 0-904265-36-6)

Dynamic Approaches to the Understanding and Treatment of Alcoholism

... edited by Margaret H. Bean and Norman E. Zinberg

The authors of this book examine the relationships between alcohol use and alcoholism, and between

individual intrapsychic responses and the physical, social, and community ramifications of intoxicant use. They also present their understandings, experiences, and findings on how psychoanalysis can contribute to the prevention, control, and treatment of alcoholism. Throughout the volume, the authors focus on the special contributions of psychiatry and psychoanalysis to understanding alcohol use and the treatment of alcohol patients. The range of approaches and attitudes toward the treatment of alcoholics by psychiatrists, physicians, and the general public is illustrated by clinical material. A range of theoretical positions about alcoholism within psychiatry are compared. An overview chapter integrates these views by indicating the misconceptions and misunderstandings in the alcohol field, the problems presented for helping groups, active issues in diagnosis and treatment, and recommendations for the future.

(The Free Press, 866 Third Ave, New York, NY 10022. 1981. 224 p. \$15.95)

Inner-City Alcoholism: An Ecological Analysis and Cross-Cultural Study

... by Geoffrey P. Kane

This work offers a comprehensive and realistic approach to the provision of alcoholism services. A descriptive epidemiologic study of 372 black and Hispanic alcoholics in the South Bronx section of New York City is the focus of a discussion on the planning and evaluation of treatment and prevention programs at clinical, community, and agency levels. Through its analysis of patients at the South Bronx treatment centre, the book examines topics such as: the cultural factors which influence alcohol abuse among blacks and Hispanics; the expansion of treatment programs in spite of limited resources; community prevention approaches; and the male/female and black/Hispanic differences among the alcoholics studied. The book is intended for medical and mental health practitioners and students concerned with the problem of alcohol addiction.

(Human Sciences Press, 72 Fifth Ave, New York, NY 10011, 1981. 263 p. \$19.95 ISBN 0-89885-023-1)

Other Books

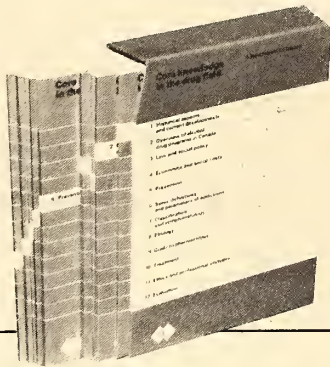
Special Report On Alcohol Statistics (Summary Version) — Expert Committee on Alcohol Statistics, Health and Welfare Canada, Ottawa, 1980. This summary version of the special report on alcohol statistics was produced through the joint efforts of Health and Welfare Canada, Statistics Canada, and the Expert Committee on Alcohol Statistics and is based on statistical data up to the year 1978. 44p.

CORRECTION
In the November issue of *The Journal* the title of a book in the New Books section was incompletely given. The full title is *Burn-out: The High Cost of High Achievement*, by Herbert J. Freudenberger with Geraldine Richelson. *The Journal* apologizes for the error.

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- 3 Law and social policy by Patrick Crawshaw and C. Michael Bryon addresses policy, international control of drugs, federal legislation, and related issues.

- 4 Economics and social costs by Don Faris discusses various aspects of the economics of alcohol and other drugs in terms of the suppliers and the consumers.
- 5 Prevention by Ken Low provides a framework for defining prevention and developing programs.
- 6 Some definitions and parameters of addictions by R. Gordon Bell presents an overview of the various definitions and indicators: the magnitude, nature, and scope of the problem.
- 7 Classification and symptomatology by R. Gordon Bell discusses various classification systems, their usefulness, the development of problem drinking, and its symptoms and phases.

- 8 Etiology by James G. Ronkin discusses in detail major etiological theories and their implications for the diagnosis, treatment, and even prevention of alcohol and other drug problems.
- 9 Guide to pharmacology by The Editors presents a guide based on reference materials and consultations with renowned pharmacologists.
- 10 Treatment by Jean Rossi addresses delivery of treatment services in terms of population and agency variables, methods, and the role of the clinician.
- 11 Ethics and professional attitudes by Peggy Brown focuses on a discussion of ethics, communication, confidentiality, and the role of the practitioner and the researcher.
- 12 Evolution by William J. Filstead presents the background, basics, and results from evolution research.

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Coming Events

Canada

Annual Meeting of the Ontario Psychiatric Association — Jan 28-30, Toronto, Ontario. Information: Frank E. Cashman, Clarke Institute of Psychiatry, 250 College St, Toronto, Ont M5T 1R8.

Annual Convention of the Ontario Psychological Association — Feb 11-13, Ottawa, Ontario. Information: Dr Carl Rubino, Dr Pierre Ritchie, Ontario Psychological Association, 1407 Yonge St, Ste 402, Toronto, Ont M4T 1Y7.

Detox Training Program (Non-Medical) — Feb 22-26, Apr 5-9, Toronto, Ontario. Information: Gord Gooding, Detox and Rehab Programs, Addiction Research Foundation, 33 Russell St, Toronto, Ont M5S 2S1.

Mental Health Information Systems: Problems and Prospects — May 14-15, Toronto, Ontario. Information: Hincks Lectures, Ontario Mental Health Foundation, Ste 1708, 365 Bloor St East, Toronto, Ont M4W 3L4.

73rd Annual Conference Canadian Public Health Association — June 21-24, Yellowknife, Northwest Territories. Information: Gerald H. Dafoe, Executive Director, Canadian Public Health Association, 1335 Carling Ave, Ste 210, Ottawa, Ont K1Z 8N8.

United States

Lesley College Long Distance Program in the Management for Substance Abuse Providers — Jan 1982, Cambridge, Massachusetts. Information: Dr Barry Sugarman, Lesley College, 29 Everett St, Cambridge, MA 02238.

Project Charlie Prevention Program — Jan 4-8, Edina, Minnesota. Information: Project Charlie, 5701 Normandale Blvd, Edina, MN 55424.

Inhalation Toxicology — Jan 11-13, East Brunswick, New Jersey. Information: General Information, PO Box H, East Brunswick, NJ 08816.

An Integrated Management System for Administrators in Alcoholism — Jan 20-21, Boston, Massachusetts. Information: Kim Hilberg, Program Coordinator, NAATP, 17861 Cartwright Rd, Irvine, CA, 92714.

Alcoholism — The Search for the Sources — Jan 20-22, Winston-Salem, North Carolina. Information: Elaine Woody, Center for Alcohol Studies, School of Medicine, The University of North Carolina at Chapel Hill, 335 Medical School Building 207H, Chapel Hill, NC 27514.

Bioavailability of Drugs and Clinical Pharmacokinetics — Jan 25-27, East Brunswick, New Jersey. Information: General Information, PO Box H, East Brunswick, NJ 08816.

Abroad

12th International Institute on the Prevention and Treatment of Drug Dependence — March 22-26, Bangkok, Thailand. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.

ALC 82, International Conference on Alcoholism — Mar 30-Apr 4, Oxford, England. Information: Dr

Philip Golding, Broadway Lodge, Oldmixon Road, Weston-super-Mare, BS24 9NN, Avon, England.

First Nordic Congress on Traffic Medicine — June 8-11, Linköping, Sweden. Information: Mr Leif Bohlin, Congress Director, Linköping University, S-581 83 Linköping, Sweden.

13th Collegium Internationale Neuro - Psychopharmacologicum Congress — June 20-25, Jerusalem, Israel. Information: Secretariat, 13th CINP Congress, POB 29784, Tel Aviv, Israel.

28th International Institute on the Prevention and Treatment of Alcoholism — July 5-9, Munich, Fed Rep of Germany. Information: International Council on Alcohol and Addictions, Case postale 140, Ch - 1001, Lausanne, Switzerland.

11th International Conference on Health Education — Aug 15-20, Hobart, Tasmania, Australia. Information: Joy Faldt, Australian Society of Health Educators, PO Box 818, Fortitude Valley, Queensland, Australia 4006.

Fourth World Congress for the Prevention of Alcohol Problems, Alcoholism and Drug Dependency — Aug 29-Sept 2, Nairobi, Kenya. Information: ICPA — International Commission for the Prevention of Alcoholism and Drug Dependency, 6830 Laurel St NW, Washington, DC 20012.

33rd International Congress on Alcoholism and Drug Dependence — Oct 9-15, Tangier, Morocco. Information: Archer Tongue, International Council on Alcohol and Addictions, Case postale 140, Ch-1001 Lausanne, Switzerland.

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Psychotropic Substances and Their International Control

Many of the world's nations have been reluctant to ratify the Convention on Psychotropic Substances (1971), a treaty which seeks to control the production, marketing, and export of dependence-producing psychotropics.

Consequently, the Addiction Research Foundation, in association with the World Health Organization and the International Council on Alcohol and Addiction, convened a meeting of international experts in September 1980 to examine the problems and benefits of the treaty, the surrounding issues, and some solutions.

This book includes the background papers prepared for the meeting and a report of the proceedings. ARF is publishing it for the benefit of governments, international organizations, and individuals interested in improving the international drug control system.

230 pages

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By Pat Ohlendorf

TORONTO — Some heroin "overdose" deaths may be due, not to an especially heavy dose of the drug, but to shooting up in unusual circumstances — at a party, for example, if the addict's habit is to inject in private, or at home if the usual place is a public lavatory.

Inexplicable? Not to psychologist Shepard Siegel of McMaster University, Hamilton, Ontario. He's been studying the importance of environmental cues in addictions since 1975.

His analyses of overdose, of what constitutes drug tolerance and dependence, and his ideas on how best to treat addicts (whether they're hooked on heroin, alcohol, or nicotine) all flow from classical conditioning theory, studies in basic physiology, and ingenious experiments with hundreds of rats.

Traditionally, dependence upon a pharmacological agent has been understood as the body's adaptation to the drug over time — through metabolic changes, biochemical changes, changes perhaps in the cell receptors — until, finally, the user "needs" the drug to feel "normal."

What has made hard scientists sit up and take notice is Dr Siegel's convincing evidence that the body makes accommodations to the drug even before it is taken. The triggers for these physiological responses — always opposite to the pharmacological effects of the drug — are "cues" in the environment: a place where the drug is usually taken, the usual time of day, objects associated with the drug (such as a hypodermic needle or a cigarette lighter), or people with whom the addict habitually shoots up, drinks, or smokes.

"I began as a psychologist interested in the role of learning in normal digestive processes," Dr Siegel told *The Journal*.

"One of my first experiments concerned conditioning the effects of insulin, an important digestive hormone. We injected rats on many occasions with small doses of insulin, which causes a depression in blood sugar. Then one day we injected the animals with physiological saline when they 'expected' insulin. What we expected to see was an insulin-like depression in blood sugar as a conditioned response. But what we saw was a pronounced elevation in blood sugar."

Responses

Later animal experiments with morphine and alcohol revealed similar "compensatory physiological responses," which, Dr Siegel found, occurred just before the drug was injected.

Rats rendered tolerant to morphine, for example, reacted by becoming hyperactive and extraordinarily sensitive to pain (responses which are opposite to the effects of morphine) as the experimenter prepared their injections. And rats "expecting" alcohol compensated by raising their body temperatures (also directly opposite to the effects of the alcohol) just before receiving their ethanol injections.

The net effect of such responses is to lessen the pharmacological effects of the drug. As there are more and more experiences with the drug, the body's compensatory responses become stronger.

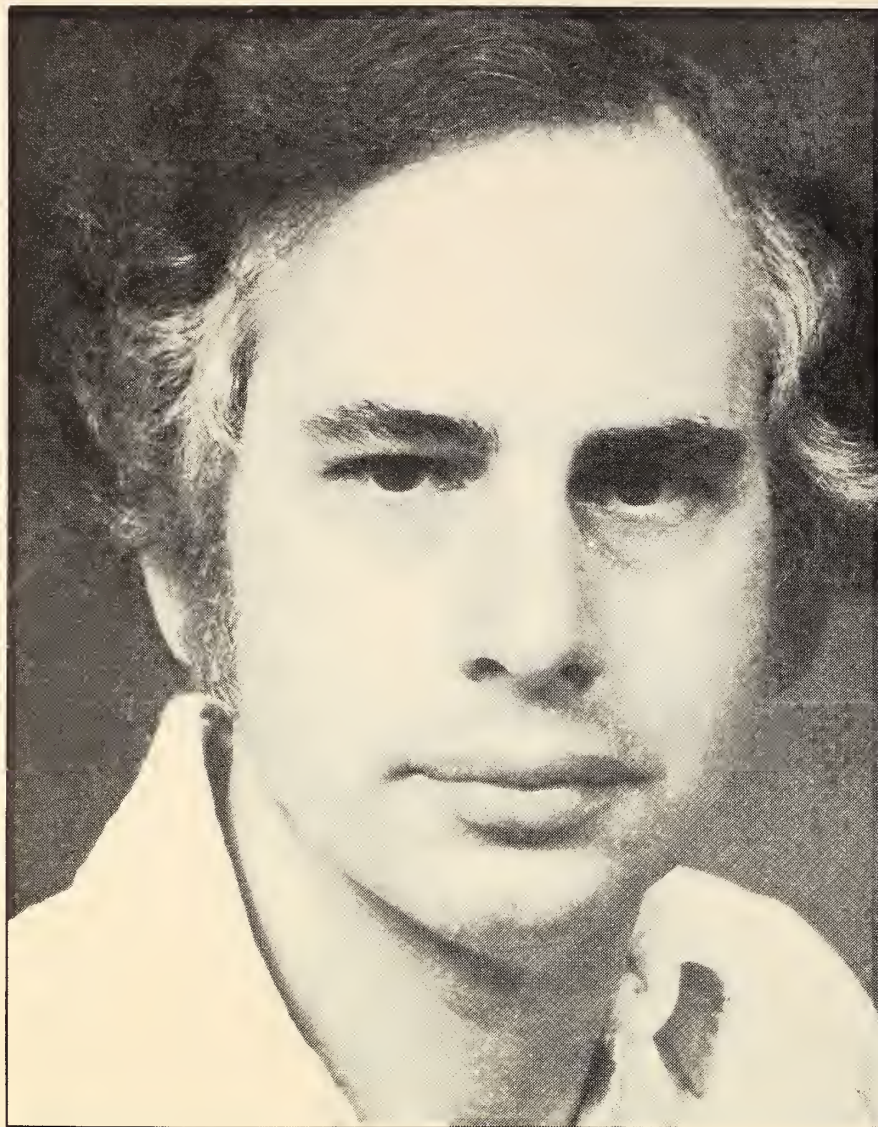
"Such a decreased effect of a drug," wrote Dr Siegel in a major paper in 1979, "as a function of successive experiences with the drug, defines tolerance."

Environment was crucial in the experiments. Animals that had always received their morphine or alcohol injections in the same room, same cage, under the same lighting or noise conditions, etc quickly became tolerant to the drug. But when injected in a different environment, these same animals made no compensatory responses, reacting as if they were receiving the drug for the first time.

It is this "failure of tolerance" which, Dr Siegel believes, explains at least some heroin overdose deaths.

In a recent experiment using two groups of rats, both highly tolerant to heroin, the group that received a lethal dose of heroin in their usual drug-associated environment had more survivors than those in the second group, which had been injected in an unfamiliar environment.

Dr Siegel explains that 1% of heroin addicts die of overdose each year. In New



Shepard Siegel: a creature of habits

York City, where there are 100,000 addicts, this means 1000 deaths annually, making overdosing the leading cause of death among young New Yorkers aged 15 to 35 years. In order to understand and ultimately, he hopes, to help prevent such deaths, sacrificial rats are necessary.

"If additional research substantiates a novel environment as being a risk factor for heroin overdose," Dr Siegel said, "I would certainly recommend that heroin addicts be careful in administering their drug if it's in circumstances where they don't usually take it."

One conclusion that follows from Dr Siegel's animal work has direct implications for treating alcoholics, drug addicts, and smokers.

"What we have always called withdrawal symptoms," he said, "often turn out to be exactly the same as the compensatory responses made in anticipation of the drug."

Symptoms

Those symptoms, which many other researchers have also noted are opposite to the effects of the drug, generally surface only in the presence of the familiar environmental cues that have preceded a heroin injection, a drink, or a cigarette. That is, a smoker trying to quit will probably crave nicotine at the office, but not in church; an alcoholic will crave a drink while sitting in a bar, but perhaps not while on the subway.

A dramatic demonstration of the relationship between environment and abstinence came in the early 1970s, when thousands of Vietnam veterans addicted to heroin returned to the United States.

The widespread concern about a rise in

crime and social problems with so many addicts unleashed into society proved unfounded. Only 7% of the veterans resumed heroin use when they returned to the US, as opposed to the usual 80% to 90% relapse rate.

The reason? Most likely not stronger moral fibre, but an absence of cues the soldiers had associated with heroin, and therefore an absence of withdrawal symptoms, or craving for the drug.

Indeed, the "revolving door" syndrome so familiar to addicts, their families, and therapists is completely predictable on the basis of Dr Siegel's conditioning theory. Particularly after inpatient detox programs, the cured alcoholic or addict almost inevitably relapses after returning to his or her neighborhood, job, and circle of friends. The environmental cues for drinking or shooting heroin were simply missing in the hospital, and most patients report no craving for the drug under those circumstances, said Dr Siegel.

Most therapists working in inpatient programs know the importance of the environment in relapse, whether they use classical conditioning terminology or not. They might advise their patients to keep no alcohol in the house, to avoid former drinking buddies, to avoid bars, to change jobs, and so on. Yet increasingly, inpatient treatment is being seen as a last resort, useful mainly for patients who have other medical problems that complicate their alcohol or drug dependence.

Outpatient detox is "in" these days, and Shepard Siegel's conditioning model supports it all the way. By exposing rats to the usual drug-associated cues, without injecting the expected morphine or alcohol, he has shown that the compensatory responses soon cease. The rats become

cured.

"In a recent study in England," said Dr Siegel, "the investigators accompanied an alcoholic time and time again to his favorite bar and ordered soft drinks. In classical conditioning theory, this is called 'extinguishing' the conditioned response: after a while the scene in the bar no longer elicits the craving for alcohol. In biochemical terms, the body's physiological responses to the cues have lessened as they have not been followed by alcohol."

A few therapists, he continued, regularly use this technique of "active confrontation" — presenting an addict undergoing detoxification, for example, with tourniquets and hypodermic needles, having them handle the paraphernalia and even prepare mock-up injections.

Cruel? Excruciating?

Discomfort

Theoretically the discomfort only lasts for a few confrontation sessions. Saying no should get easier each time. "It's just like what Hamlet said to his mother about another type of addiction," quipped Dr Siegel:

"Assume a virtue, if you have it not.

... Refrain tonight;

And that shall lend a kind of easiness

To the next abstinence: the next more easy;

*For use can change the stamp of nature
And master ev'n the devil or throw him out*

With wondrous potency."

One of the most common causes of relapse is psychological stress. Heroin addicts, alcoholics, and cigarette smokers alike often report that a particularly stressful situation "made" them resume their habit.

"After a while, after stress has repeatedly been followed by drinking, for example, the body begins to make the physiological compensations for alcohol whenever there is a stressful situation. Such drinkers will crave alcohol when stressed because their body is getting ready for alcohol."

It should be possible to dissociate stress, like other cues, from alcohol. If Dr Siegel's speculation is correct, perhaps that is what happens when an alcoholic responds to stress not by pouring a drink but by using relaxation techniques.

While it all sounds very neat and tidy, Shepard Siegel does not pretend to have the answer.

"I think that with respect to all addictions, particularly with alcohol, genetics is important, and I'm certainly aware of pharmacological phenomena that can't be due to learning."

"What causes some people, but not others, to initiate drug use? The conditioning model is completely silent on that."

"And why do some people have larger drug-compensatory responses than others? The model is completely silent on that also."

"But I proselytize about the role of learning in addictions because I think it's a very important factor and it's been ignored until very recently."

Also, when one listens to Dr Siegel, the common criticism of conditioning theories — that they view human beings as easy-to-manipulate machines — cannot convincingly be made.

"If patients are taught the theory, then when they feel a craving for alcohol, heroin, or cigarettes, they don't need to feel that they're weak-willed or the victims of a disease. They will be able to recognize the craving as a set of physiological responses their bodies have learned to make. They might be better able to withstand the stress of the situation, to know it will pass, and to know that it will get easier each time."

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